

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

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2020 DEC 11 PM 12:18

SUPERVISOR OF ELECTIONS
MARION COUNTY, FLORIDA

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Brigitte Smith Telephone 727 482 1124

Street Address 7275 SW 85TH ave

City Ocala State FL Zip Code 34481

Mailing Address same

City _____ State _____ Zip Code _____

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Brigitte Smith _____ 12-11-20
Signature of Registered Agent Date

Former Registered Agent and Office Information (for changes only)

Name Rocky Stacy / Jan Krukar Telephone _____

Street Address _____

City _____ State _____ Zip Code _____

Committee or Organization Information

Name of Committee or Organization Republican Executive Committee

Street Address 7275 SW 85TH ave Telephone _____

City Ocala State FL Zip Code 34481

Brigitte Smith
Signature of Chairperson

Brigitte Smith _____ 12-11-20
Printed Name of Chairperson Date