REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY

2022 MAR -2 AM 11:57

		MIANI-DADE COUNTY
Original Appointment Change of Appointment	tment	ELECTIONS DEPARTMENT
Change of Mailing Address Change of Physica	al Address	4
Registered Agent and Office Information		
Name JOSE A. RIESCO, CPA		Telephone 305-445-0777
Street Address 2600 SOUTH DOUGLAS ROAD, SUITE 900		
City CORAL GABLES	State FL	Zip Code 33134
Mailing Address 2600 SOUTH DOUGLAS ROAD, SUITE 900		
City CORAL GABLES	State FL	Zip Code 33134
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 filling it with the applicable filing officer. Signature of Registered Agent Date		
Former Registered Agent and Office Information (for changes only)		
Name		Telephone
Street Address		
City		7: 0 1
-	State	Zip Code
Committee or	· Organization Inform	·
Committee or Name of Committee or Organization PROSPERITY FOR DORAL		·
Name of Committee or Organization		·
Name of Committee or Organization PROSPERITY FOR DORAL Street Address		mation Telephone
Name of Committee or Organization PROSPERITY FOR DORAL Street Address 10352 NW 46 TERRACE City	Organization Information	Telephone 786-423-5977 Zip Code
Name of Committee or Organization PROSPERITY FOR DORAL Street Address 10352 NW 46 TERRACE City DORAL	State FL	Telephone 786-423-5977 Zip Code