

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

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OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

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: Florida Zip Code: 33134

Mailing Address: 2600 South Douglas Road, Suite 900

City: Coral Gables State: Florida 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 filing it with the applicable filing officer.


Signature of Registered Agent

11/1/2023
Date

Former Registered Agent and Office Information (for changes only)

Name: Telephone:

Street Address:

City: State: Zip Code:

Committee or Organization Information

Name of Committee or Organization: Miami Residents say YES for Watson Island, Inc.

Street Address: 2600 South Douglas Road, Suite 900 Telephone: (305) 445-0777

City: Coral Gables State: Florida Zip Code: 33134


Signature of Chairperson

Joshua Babbitt

Printed Name of Chairperson

10/29/2023
Date