

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

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2016 OCT -3 AM 11:29

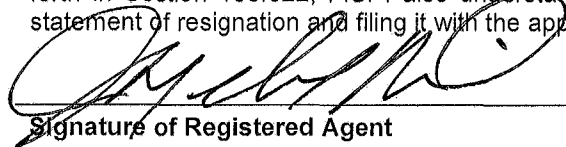
OFFICE OF THE CITY CLERK
CITY OF MIAMI

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

Registered Agent and Office Information

Name Miguel Del Rivero		Telephone 305-409-8717
Street Address 1169 SW 85 Court		
City Miami	State Florida	Zip Code 33144
Mailing Address 1169 SW 85 Court		
City Miami	State Florida	Zip Code 33144

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

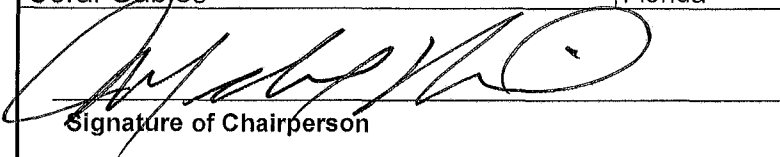
9-28-16
Date

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 A Stronger Miami		
Street Address 2600 South Douglas Road, Suite 900		Telephone 305-445-0777
City Coral Gables	State Florida	Zip Code 33134


Signature of Chairperson

Miguel Del Rivero
Printed Name of Chairperson

9-28-16
Date