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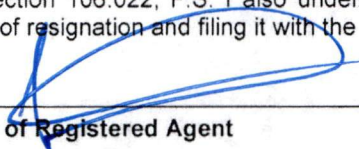
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2018 MAR 19 AM 11:27  
OFFICE OF THE CITY CLERK  
CITY OF MIAMI

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

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


**Registered Agent and Office Information**

Name Jose Riesco		Telephone (305) 445-0777
Street Address 2600 South Douglas Rd., Suite #900		
City Coral Gables	State FL	Zip Code 33134
Mailing Address 2600 South Douglas Rd., 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 filing it with the applicable filing officer.		
Signature of Registered Agent 		Date 3/1/18

**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 Miamians for an Independent and Accountable Mayor's Initiative, Inc.		
Street Address 2600 South Douglas Rd., Suite #900		Telephone 305-445-0777
City Coral Gables	State FL	Zip Code 33134
Signature of Chairperson 		Date 3/6/2018
Printed Name of Chairperson Antonio Argiz		Date