

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

RECEIVED  
OFFICE USE ONLY

2018 AUG 24 AM 10:04  
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 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.

 \_\_\_\_\_      8/22/18  
Signature of Registered Agent      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:

Accountable Miami PC

Street Address: 2600 South Douglas Rd., Suite #900      Telephone: 305-445-0777

City: Coral Gables      State: FL      Zip Code: 33134

 \_\_\_\_\_  
Signature of Chairperson

Daniel Milian      8/22/18  
Printed Name of Chairperson      Date