

**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		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 filing it with the applicable filing officer.



Signature of Registered Agent

8/11/2021

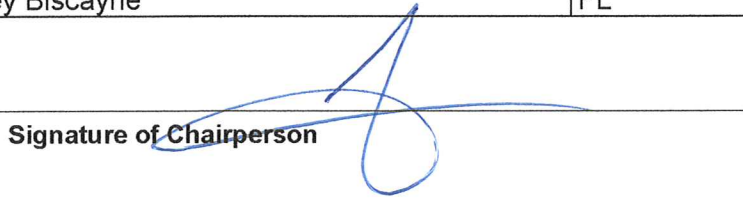
Date

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 Marina PARC Miami, Inc.		Telephone 305-761-7720
Street Address 3301 Rickenbacker Causeway		Zip Code 33149
City Key Biscayne	State FL	Zip Code 33149



Signature of Chairperson

Aabad R. Melwani

Printed Name of Chairperson

8/11/2021

Date