

**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: PHIL KEB Telephone: 305-438-6528

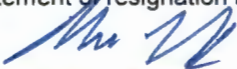
Street Address: C/O HRM OWNER LLC, 2700 TIGERTAIL AVE

City: MIAMI State: FL Zip Code: 33133

Mailing Address: C/O HRM OWNER LLC, 2700 TIGERTAIL AVE

City: MIAMI State: FL Zip Code: 33133

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.



8/17/2022

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: YES FOR OUR DOWNTOWN MIAMI PC

Street Address: 2100 SALZEDO STREET, SUITE 200 Telephone: 305-438-6528

City: CORAL GABLES State: FL Zip Code: 33134



Signature of Chairperson

PHIL KEB

8/17/2022

Printed Name of Chairperson

Date