

**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 Carlos M. Trueba Telephone 305-529-5440

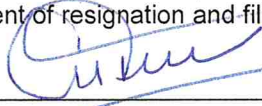
Street Address
2600 Douglas Road, Suite 800

City Coral Gables State Florida Zip Code 33134

Mailing Address
2600 Douglas Road, Suite 800

City Coral Gables State Florida 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 12/13/22

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

Moving Miami Forward

Street Address Telephone
2600 Douglas Road, Suite 800

City Coral Gables State Florida Zip Code 33134


Signature of Chairperson

Gary Reshefsky 12/12/22
Printed Name of Chairperson Date