

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

OFFICE USE ONLY

RECEIVED

SEP 21 2022

CITY OF MIAMI BEACH
OFFICE OF THE CITY CLERK

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

Registered Agent and Office Information

Name Sarah Leddick		Telephone 305-450-2033
Street Address 4469 Royal Palm Ave		
City Miami Beach	State FL	Zip Code 33140
Mailing Address 4469 Royal Palm Ave		
City Miami Beach	State FL	Zip Code 33140

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.

S. Leddick 9/21/22
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 Save Miami Beach		Telephone 305-450-2033
Street Address 4469 Royal Palm Ave		Zip Code 33140
City Miami Beach	State FL	Zip Code 33140

S. Leddick
Signature of Chairperson

Sarah Leddick 9/21/22
Printed Name of Chairperson Date