

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

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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 Gloria Maggiolo		Telephone 305-647-2666
Street Address 1600 Ponce de Leon Blvd, 10th Floor - #115		
City Coral Gables	State FL	Zip Code 33134
Mailing Address 1600 Ponce de Leon Blvd, 10th Floor - #115		
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

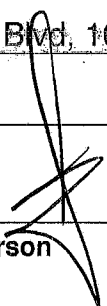
9/29/17  
\_\_\_\_\_  
Date

**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 Building A Stronger Beach		
Street Address 1600 Ponce de Leon Blvd, 10th Floor - #115		Telephone 305-647-2666
City Coral Gables	State FL	Zip Code 33134

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

Matis Cohen

Printed Name of Chairperson

9/29/17  
\_\_\_\_\_  
Date