REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY RECEIVED

		2017 OCT -2 AM 9: 19	
Original Appointment Change of Appointment		CITY OF MIAMI BEACH OFFICE OF THE CITY CLERK	
Change of Mailing Address Change of Phy			
Registered /	Agent and Offic	e Information	
Name Daniel Ciraldo		Telephone 305-496-9535	
Street Address 1051 Michigan Ave #3			
City Miami Beach	State FL	Zip Code 33139	
Mailing Address			
City	State	Zip Code	
I accept this appointment and confirm that I a forth in Section 106.022, F.S. I also understatement of resignation and filing it with the area.	and that I may resi	ign this appointment by executing a written	
Signature of Registered Agent		Date	
Former Registered Agent	and Office Info	ormation (for changes only)	
Name Sarah Leddick		Telephone	
Street Address 4469 Royal Palm Avenue			
City Miami Beach	State FL	Zip Code 33140	
Committee	or Organization	n Information	
Name of Committee or Organization Save Miami Beach 2016			
Street Address 1051 Michigan Ave #3		Telephone 305-496-9535	
City Miami Beach	State FL	Zip Code 33139	
Sauch A. Letter Signature of Chairperson	M		
Sarah H. Leda	ice	10/2/17	
Printed Name of Chairperson		Date	