

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

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2017 AUG -8 PM 4:15

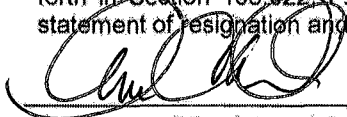
CITY OF MIAMI BEACH  
OFFICE OF THE CITY CLERK

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

**Registered Agent and Office Information**

Name Ana Cecilia Velasco		Telephone 305-521-4394
Street Address 1020 Ocean Dr.		
City Miami Beach	State Florida	Zip Code 33139
Mailing Address 1020 Ocean Dr.		
City Miami Beach	State Florida	Zip Code 33139

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

8-8-2017

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 Citizens for a Safe Miami Beach		Telephone 305-521-4394
Street Address 1020 Ocean Dr.		
City Miami Beach	State Florida	Zip Code 33139



Signature of Chairperson

Ana Cecilia Velasco

Printed Name of Chairperson

8-8-2017

Date