

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

RECEIVED
OFFICE USE ONLY
2018 AUG 21 AM 11:19
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 JOSE A. RIESCO, CPA		Telephone 305-445-0777
Street Address 2600 SOUTH DOUGLAS ROAD, SUITE 900		
City CORAL GABLES	State FL	Zip Code 33134
Mailing Address 2600 SOUTH DOUGLAS ROAD, SUITE 900		
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

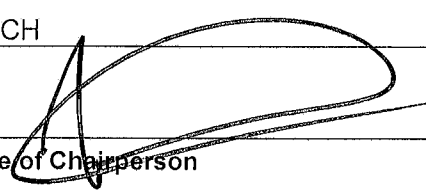
8/20/18
Date

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 FRIENDS OF OUR MIAMI BEACH CONVENTION CENTER HOTEL		
Street Address 300 W. 41 STREET, SUITE 214		Telephone 305-445-0777
City MIAMI BEACH	State FL	Zip Code 33140


Signature of Chairperson

JOSE A. RIESCO, CPA
Printed Name of Chairperson

8/20/18
Date