

**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
JOSE A. RIESCO, CPA Telephone
305-445-0777

Street Address
2600 SOUTH DOUGLAS ROAD, SUITE 900

City State Zip Code
CORAL GABLES FL 33134

Mailing Address
300 W. 41 STREET, SUITE 214

City State Zip Code
MIAMI BEACH FL 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.


Signature of Registered Agent

8/31/18
Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

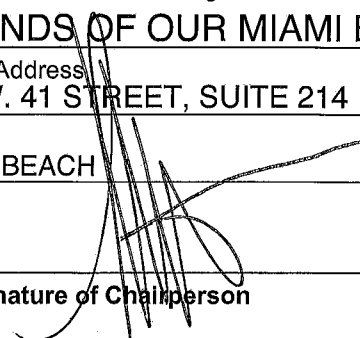
City State Zip Code

Committee or Organization Information

Name of Committee or Organization
FRIENDS OF OUR MIAMI BEACH CONVENTION CENTER HOTEL

Street Address Telephone
300 W. 41 STREET, SUITE 214 305-445-0777

City State Zip Code
MIAMI BEACH FL 33140


Signature of Chairperson

CRAIG ROBINS

Printed Name of Chairperson

8-31-18
Date