REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.)		OFFICE USE ONLY	
		RECEIVED	
		SEP 27 2021	
✓ Original Appointment Change of Appoint	Itment		
Change of Mailing Address Change of Physic		OFFICE OF THE CITY CLERK	
Registered Agent and Office Information			
Name Mark Herron		Telephone 850-567-4978	
Street Address		000-007-4970	
2618 Centennial Place	State	Zin Cada	
City Tallahassee	State FL	Zip Code 32308	
Mailing Address Post Office Box 1701			
City Tallahassee	State FL	Zip Code 32302-1701	
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. 24 September 2021 Signature of Registered Agent 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			
South Florida Hotel and Restaurant	Associa		
Street Address 1734 Savona Circle Unit 110		Telephone	
City Cape Colal	State Florida	Zip Code 33914	
Signature of Chairperson			
Mark Herron		24 September 2021	
Printed Name of Chairperson			
		Date	