

**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  
Residents for a Safer, Cleaner Miami Beach      Telephone  
7868624505

Street Address  
820 W 41st St, Suite 209

City      State      Zip Code  
Miami Beach      FL      33140

Mailing Address  
820 W 41st St, Suite 209

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

10/4/21

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  
Residents for a Safer, Cleaner Miami Beach

Street Address      Telephone  
820 W 41st St. Suite 209      843-364-4403

City      State      Zip Code  
Miami Beach      FL      33140



Signature of Chairperson

Eric Rosado

Printed Name of Chairperson

10/4/21

Date