## **REGISTERED AGENT**

OFFICE USE ONLY STATEMENT OF APPOINTMENT RECEIVED (Section 106.022, F.S.) OCT -7 2021 ✓ Original Appointment Change of Appointment **CITY** OF MIAMI BEACH OFFICE OF THE CITY CLERK Change of Mailing Address Change of Physical Address Registered Agent and Office Information Name Telephone Juan-Carlos Planas, Esq 850-980-6542 Street Address 2332 Galiano Street, Suite 204 State Zip Code Coral Gables Florida 33134 Mailing Address 2332 Galiano Street, Suite 204 City State Zip Code Coral Gables Florida 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. Stanature of Registered Agent **Date** Former Registered Agent and Office Information (for changes only) Telephone Name N/A Street Address Zip Code City State **Committee or Organization Information** Name of Committee or Organization YES for a Holocaust Museum Street Address Telephone 1742 W Flagler Street 786-762-4990 City State Zip Code Miami Florida 33135 Signature of Chairperson Daniel S. Gelber

**Printed Name of Chairperson**