

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

OFFICE USE ONLY

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JUN 10 2022

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: **Juan-Carlos Planas, Esq.** Telephone: **850-980-6542**

Street Address: **2332 Galiano Street, Suite 204**

City: **Coral Gables** State: **Florida** Zip Code: **33134**

Mailing Address: **2332 Galiano Street, Suite 204**

City: **Coral Gables** State: **Florida** 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.

 \_\_\_\_\_ Date: 6/10/22

**Former Registered Agent and Office Information (for changes only)**

Name: **N/A** Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_

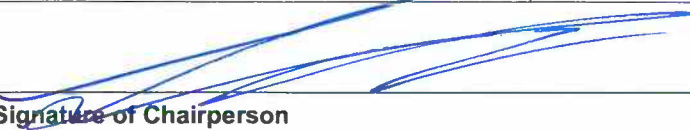
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Committee or Organization Information**

Name of Committee or Organization: **Together for Community Health & A Resilient Miami Beach**

Street Address: **1742 W Flagler Street** Telephone: **786-762-4990**

City: **Miami** State: **Florida** Zip Code: **33135**

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**Juan-Carlos Planas, Esq.** \_\_\_\_\_ Date: 6/10/22  
Printed Name of Chairperson