

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

AUG 4 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
Sabrina Cohen Telephone
305-968-8024

Street Address
1800 Sunset Harbour Dr, Apt 2406C

City State Zip Code
Miami Beach FL 33139

Mailing Address
1742 W Flagler Street

City State Zip Code
Miami FL 33135

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.



8/3/2022

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name Telephone
N/A

Street Address

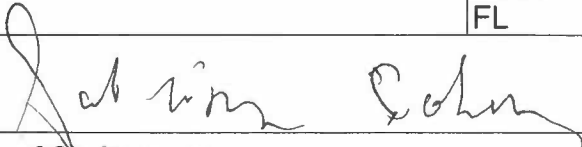
City State Zip Code

Committee or Organization Information

Name of Committee or Organization
Miami Beach Residents United for Progress

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

City State Zip Code
Miami FL 33135



Signature of Chairperson

Sabrina Cohen

Printed Name of Chairperson

8/3/2022

Date