## **REGISTERED AGENT** STATEMENT OF APPOINTMENT

OFFICE USE ONLY

| (Section 106.022, F.S.)   |              | MAR -9 PH 4: 36       |
|---|--------------|-----------------------|
|   | CITY         | CLERK'S OFFICE        |
| Original Appointment Change of Appoin   |              |                       |
| ☐ Change of Mailing Address ☐ Change of Physical Address ☐ Change of Phys |              |                       |
| Registered Agent and Office Information   |              |                       |
| Name Daviel Grado   |              | Telephone 305 4969535 |
| Street Address 1051 Michigen Ave #3   |              |                       |
| City MS   | State F L    | Zip Code 33/39        |
| Mailing Address   |              |                       |
| City  | State        | Zip Code              |
| 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  Date  |              |                       |
| Former Registered Agent and Office Information (for changes only)   |              |                       |
| Name C  |              | Telephone             |
| Street Address  |              |                       |
| City  | State        | Zip Code              |
| Committee or Organization Information   |              |                       |
| Name of Committee or Organization Save  | Milani Beach | 2016                  |
| Street Address 1051 Michigan Av   | e #3         | Telephone 3054769535  |
| City  | State        | Zip Code              |
| Danel Carlob  |              |                       |
| Signature of Chairperson  |              |                       |
| Danvel Civaldo  | 3-           | 7-2016                |
| Printed Name of Chairperson   | Date         |                       |