

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

OFFICE USE ONLY

2017 MAR 31 PM 3:28

CITY CLERK'S OFFICE

- Original Appointment       Change of Appointment  
 Change of Mailing Address       Change of Physical Address

**Registered Agent and Office Information**

Name	Sarah H. Leddick	Telephone	305 450-2033
Street Address	4469 Royal Palm Ave.		
City	Miami Beach	State	Florida
		Zip Code	33140
Mailing Address	Same		
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.

Sarah H. Leddick      3/31/17  
Signature of Registered Agent      Date

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

Name	Daniel Ciraldo	Telephone	305-496-7855
Street Address	1051 Michigan Ave #3		
City	Miami Beach	State	FL
		Zip Code	33139

**Committee or Organization Information**

Name of Committee or Organization	Save Miami Beach 2016		
Street Address	1051 Michigan Ave #3	Telephone	
City	Miami Beach,	State	FL
		Zip Code	33139

Sarah H. Leddick  
Signature of Chairperson

Sarah H. Leddick      3/31/17  
Printed Name of Chairperson      Date