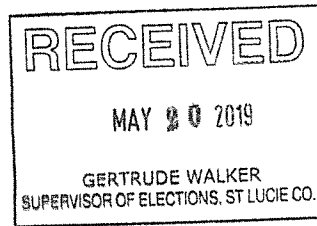


**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

OFFICE USE ONLY



☒ Original Appointment ☐ Change of Appointment
☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name Anthony Bonna Telephone 772-237-0984

Street Address 844 SW Tulip Blvd

City Port St. Lucie State FL Zip Code 34953

Mailing Address Po Box 7321

City Port St Lucie State FL Zip Code 34985

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.

Anthony Bonna
Signature of Registered Agent

05/20/19
Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

Committee or Organization Information

Name of Committee or Organization

Empower St. Lucie

Street Address 844 SW Tulip Blvd

Telephone 772-237-0984

City Port St Lucie State FL Zip Code 34953

Anthony Bonna
Signature of Chairperson

Anthony Bonna
Printed Name of Chairperson

05/20/19
Date