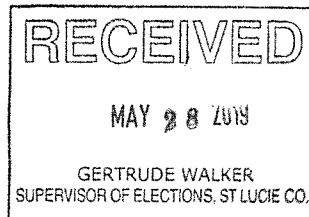


**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

OFFICE USE ONLY



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

Registered Agent and Office Information

Name Falon Lofley		Telephone 772-971-7696
Street Address 1361 SW Bellevue Ave.		
City Port Saint Lucie	State FL	Zip Code 34953
Mailing Address 1361 SW Bellevue Ave		
City Port St. Lucie	State FL	Zip Code 34953

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

5/22/19
Date

Former Registered Agent and Office Information (for changes only)

Name Patrick Campion		Telephone 772-834-1972
Street Address 6030 Indrio Rd Apt. 2		
City Ft. Pierce	State FL	Zip Code 34951

Committee or Organization Information

Name of Committee or Organization Democratic Club of St. Lucie County		
Street Address PO Box 9137		Telephone 772-202-0642
City Port Saint Lucie	State FL	Zip Code 34985


Signature of Chairperson

Falon Lofley
Printed Name of Chairperson

5/22/19
Date