## REGISTERED AGENT OFFICE USE ONLY STATEMENT OF APPOINTMENT (Section 106.022, F.S.) AR SUBMINIS Original Appointment Change of Appointment Change of Mailing Address Change of Physical Address Registered Agent and Office Information Name Adam M. Fetterman Telephone 772-202-3261 Street Address 240 NW Peacock Blvd., Suite 302 City Port St. Lucie State Zip Code 34986 Mailing Address 10380 SW VIIIage Center Dr., #328 City Port St. Lucie State Zip Code 34987 I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 196 022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and ling it with the applicable filing officer. Signature of Registered Agent 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 Volusia Citizens for Better Roads and Clean Water Street Address 2665 N. Atlantic Ave #328 Telephone 386-214-2502 State FL City Daytona Beach Cyndi Ritchey **Printed Name of Chairperson**