## \*\*\* OFFICE USE ONLY REGISTERED AGENT STATEMENT OF APPOINTMENT (Section 106.022, F.S.) 13 JUN -3 AM 10: 44 SECRETARY OF STATE Original Appointment Change of Appointment Change of Mailing Address Change of Physical Address Registered Agent and Office Information Name Telephone Mark Herron 850-567-4878 Street Address 2618 Centennial Place City State Zip Code Tallahassee FL 32308 Mailing Address Post Office Box 1701 City Zip Code State allahassee FL 3230**2-**1701 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. 1 June 2013 Signature of Registered Agent **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 Changing Florida's Future PC Street Address Telephone 2618 Centennial Place 850-567-4878 City State Zip Code Tallahass**∉**e﹑ FL 32308 Signature of Chairperson

1 June 2013

**Date** 

Printed Name of Chairperson

Mark Herron