

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

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2014 DEC 26 AM 10:35

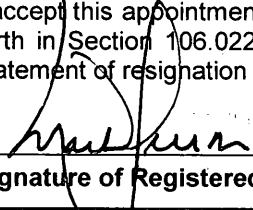
CITY CLERK'S OFFICE

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

**Registered Agent and Office Information**

Name Mark Herron		Telephone 850-567-4878
Street Address 2618 Centennial Place		
City Tallahassee	State FL	Zip Code 32308
Mailing Address P.O. Box 1701		
City Tallahassee	State FL	Zip Code 32302-1701

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.

  
\_\_\_\_\_  
Signature of Registered Agent

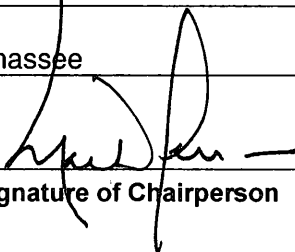
16 December 2014  
\_\_\_\_\_  
Date

**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 Miami Beach Advisory Council		
Street Address 2618 Centennial Place		Telephone 850-567-4878
City Tallahassee	State FL	Zip Code 32308

  
\_\_\_\_\_  
Signature of Chairperson

Mark Herron  
\_\_\_\_\_  
Printed Name of Chairperson

19 December 2014  
\_\_\_\_\_  
Date