

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

SEP10 10 11:59AM

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

Registered Agent and Office Information

Name: **Scott Edwards** Telephone: **(386) 317-1374**

Street Address: **384 South Atlantic Ave**

City: **Ormond Beach** State: **FL** Zip Code: **32176**

Mailing Address: **384 South Atlantic Ave**

City: **Ormond Beach** State: **FL** Zip Code: **32176**

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

09/06/2018
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: _____

Ormond Proud

Street Address: **384 South Atlantic Ave** Telephone: **(386) 317-1374**

City: **Ormond Beach** State: **FL** Zip Code: **32174**


Signature of Chairperson

Scott Edwards

Printed Name of Chairperson

09/06/2018

Date