

HAND DELIVERED

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

OFFICE USE ONLY

18 JUN -8 PM 2:33

DEPARTMENT OF REVENUE
SECRETARY OF STATE

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

Registered Agent and Office Information

Name
Christian Camara Telephone
(305) 608-4300

Street Address
1829 Sharon Road

City State Zip Code
Tallahassee FL 32302

Mailing Address
PO Box 122

City State Zip Code
Tallahassee FL 323202

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.



6/8/2018

Signature of Registered Agent

Date

Former Registered Agent and Office Information (for changes only)

Name Telephone

Street Address

City State Zip Code

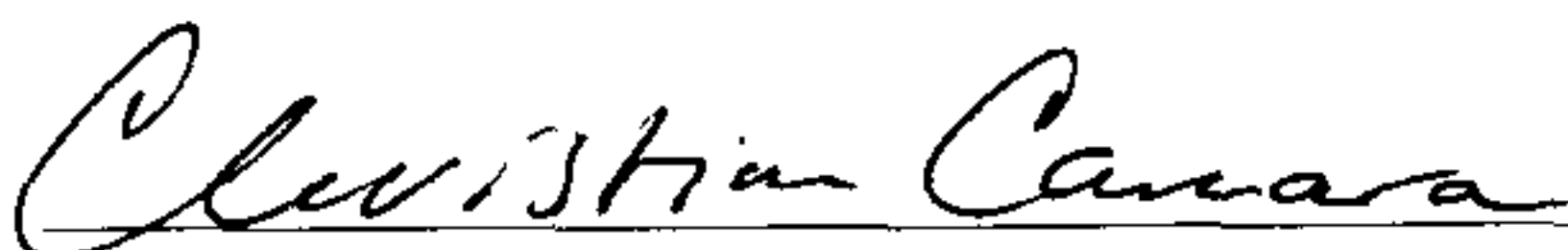
Committee or Organization Information

Name of Committee or Organization

Communities First Project PC

Street Address Telephone
PO Box 122 (305) 608-4300

City State Zip Code
Tallahassee FL 32302



Signature of Chairperson

Christian Camara

6/8/2018

Printed Name of Chairperson

Date