HAND DELIVERED

REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY

18 JUN -8 PM 2:33

DIVISIONS
SECRETARY OF STATE

☑ Original Appointment ☐ Change of Appointment

☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name	Telephone
Christian Camara	(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.*

Christian Camara — **Signature of Registered Agent**

6/8/2018 — **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: Communities First Project PC

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

City	State	Zip Code
Tallahassee	FL	32302

Christian Camara — **Signature of Chairperson**

Christian Camara — **Printed Name of Chairperson**

6/8/2018 — **Date**

Form DS-DE 41 (revised 6/11)