

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

OFFICE USE ONLY

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

Registered Agent and Office Information

Name Sherri Netterstrom Telephone 321-784-2967

Street Address 823 S. ATLANTIC AVE

City Cocoa Beach State FL Zip Code 32931

Mailing Address Same

City _____ State _____ Zip Code _____

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.

Sherri Netterstrom

Signature of Registered Agent

11-2-11

Date

Former Registered Agent and Office Information (for changes only)

Name JACQUES DUBOIS Telephone 321-783-0536

Street Address 660 S. BREVARD AVE #1541

City Cocoa Beach State FL Zip Code 32931

Committee or Organization Information

Name of Committee or Organization YES TO MIXED USE

Street Address 823 S. ATLANTIC AVE Telephone 321-784-2967

City Cocoa Beach State FL Zip Code 32931

Dave Netterstrom

Signature of Chairperson

DAVE NETTERSTROM

Printed Name of Chairperson

11-2-11

Date