

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

OFFICE USE ONLY

CITY CLERK  
29 AUG'24 PM 2:08:19  
CITY OF NORTH PORT

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

**Registered Agent and Office Information**

Name Marc Miles		Telephone 941-484-8280
Street Address 333 Tamiami Trail S. Ste. 219		
City Venice	State FL	Zip Code 34285
Mailing Address 333 Tamiami Trail S. Ste. 219		
City Venice	State FL	Zip Code 34285

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.



7/5/2024

Signature of Registered Agent

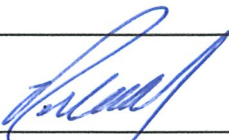
Date

**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 North Port Rising		
Street Address 333 Tamiami Trail S. Ste. 219		Telephone
City Venice	State FL	Zip Code 34287



Signature of Chairperson

Robert Lee Giles

Printed Name of Chairperson

August 28, 2024

Date