

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

OFFICE USE ONLY

2015 JUN 16 PM 2:24  
STATE OF FLORIDA  
CITY OF MIAMI

- Original Appointment       Change of Appointment  
 Change of <sup>Name</sup> Mailing Address       Change of Physical Address

*RB* **Registered Agent and Office Information**

Name <b>Renata Bell</b>		Telephone <b>917-696-2986</b>
Street Address <b>1713 Cortez St.</b>		
City <b>Coral Gables</b>	State <b>FL</b>	Zip Code <b>33134</b>
Mailing Address <b>1713 Cortez St.</b>		
City <b>Coral Gables,</b>	State <b>FL</b>	Zip Code <b>33134</b>

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.

*Renata Bell*  
Signature of Registered Agent

6/10/15  
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 <b>Miami Can Do Better</b>		
Street Address <b>1713 Cortez St.</b>		Telephone <b>917-696-2986</b>
City <b>Coral Gables</b>	State <b>FL</b>	Zip Code <b>33134</b>

*Renata Bell*  
Signature of Chairperson

Renata Bell  
Printed Name of Chairperson

6/10/15  
Date



**6. List By Name, Mailing and Street Address, & Position, Other Principal Officers, including the treasurer and deputy treasurer, if any. Include the top-ranking officer's (e.g., chairperson) name and information.**

Full Name	Mailing Address	Street Address	Title or Position

**7. In the Event of Dissolution, What Disposition will be Made of the Residual Funds?**

To be determined.

**8. List All Banks, Safety Deposit Boxes, or Other Depositories Used by this Organization for Electioneering Communications**

Name of Bank or Depository	Mailing Address

**9. List All Reports Required to be Filed by this Organization with Federal Officials, & the Names, Addresses, & Positions of Such Officials, If Any**

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A			

STATE OF Florida Miami-Dade COUNTY

I, Renata Bell, certify that the information in this Statement of

Organization is complete, true, and correct.

**X** Renata Bell  
Signature of Top-ranking Principal Officer of Organization

6/10/15  
Date