

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

DEC 10 2020

CITY OF MARCO ISLAND

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

**Registered Agent and Office Information**

Name Linda Goslee		Telephone (402)689-3349
Street Address 1235 Treasure Ct		
City Marco Island	State FL	Zip Code 34145
Mailing Address <i>PO Box 231</i> <del>(Marco Island)</del>		
City <i>MARCO IS.</i>	State <i>FL</i>	Zip Code <i>34144</i>

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.

*Linda Goslee*

Signature of Registered Agent

*11/12/2020*  
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 <i>Citizens for a Better Marco</i>		
Street Address <i>1500 Biscayne Way</i>		Telephone <i>815-441-7452</i>
City <i>Marco Is</i>	State FL	Zip Code 34145

*Christine Dowell*

Signature of Chairperson

*CHRISTINE DOWELL*

Printed Name of Chairperson

*11-11-20*  
Date