

**REGISTERED AGENT  
STATEMENT OF APPOINTMENT**

(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

FEB 02 2022

CITY OF MARCO ISLAND

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

**Registered Agent and Office Information**

Name Amadeo Petricca		Telephone (239) 394-5464
Street Address 331 Regatta Street		
City Marco Island	State FL	Zip Code 34145
Mailing Address P.O. Box 1310		
City Marco Island	State FL	Zip Code 34146

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.

*Amadeo Petricca*

02/01/2022

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 Take Back Marco Political Action Committee		
Street Address 908 South Joy Circle		Telephone (239) 389-0396
City Marco Island	State FL	Zip Code 34145

*Edgar Issler*

Signature of Chairperson

Edgar Issler

2/1/2022

Printed Name of Chairperson

Date