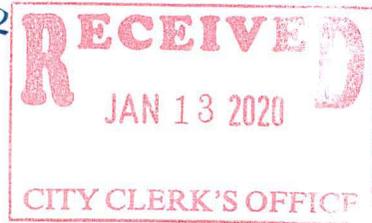


South Miami Residents for Quality of Life  
P.O. Box 1701  
Tallahassee, FL 32302



January 9, 2020

Nkenga "Nikki" Payne  
Deputy City Clerk  
City Hall, 1<sup>st</sup> Floor  
6130 Sunset Drive  
South Miami, FL 33143

Re: *South Miami Residents for Quality of Life*

Dear Ms. Payne:

Please find enclosed the updated:

DS-DE 103 – Electioneering Communication Statement of Organization –  
indicating a new address for the Electioneering Communications Organization.

I trust that this filing complies with the requirements of law. If your office has any questions or concerns regarding this filing, please let me know.

Sincerely,

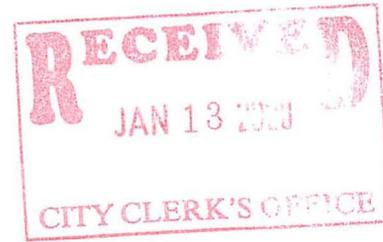
A handwritten signature in blue ink, appearing to read "Mark Herron".

Mark Herron

Enclosure(s)

**ELECTIONEERING COMMUNICATION  
STATEMENT OF ORGANIZATION**

(PLEASE TYPE)



**OFFICE USE ONLY**

<b>1. Full Name of Organization</b>		<b>Telephone</b>	
South Miami Residents for Quality of Life		850-567-4878	
<b>Mailing Address (include city, state and zip code)</b>			
Post Office Box 1701, Tallahassee, FL 32302-1701			
<b>Street Address (include city, state and zip code)</b>			
6619 South Dixie Highway #123, South Miami, FL 33143			
<b>2. Affiliated or Connected Organizations</b>			
<b>Name of Affiliated or Connected Organization</b>	<b>Mailing Address</b>	<b>Relationship</b>	
South Miami Residents for Quality of Life	Post Office Box 1701 Tallahassee, FL 32302-1701	Affiliated	
<b>3. Area, Scope and Jurisdiction of the Organization</b>			
To engage in electioneering communications in connection with candidates seeking elected office in the City of South Miami.			
<b>4. Identify by Name, Address and Position, the Custodian of Books and Accounts for the Organization</b>			
<b>Full Name</b>	<b>Mailing Address</b>	<b>Street Address</b>	<b>Title or Position</b>
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	2618 Centennial Place Tallahassee, FL 32308	Treasurer

**5. List by Name, Mailing and Street Address, and 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
Mark Herron	Post Office Box 1701 Tallahassee, FL 32302-1701	2618 Centennial Place Tallahassee, FL 32308	Chairman & Treasurer

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

Residual funds will be distributed to an IRC 527 organization as determined by the Chairman and Treasurer.

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

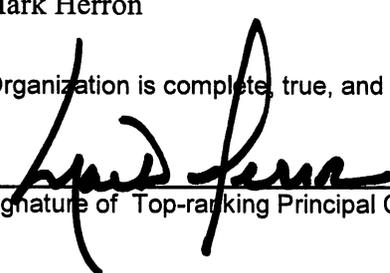
Name of Bank or Depository	Mailing Address
SunTrust Bank	3522 Thomasville Road Tallahassee, FL 32309

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

Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
IRS 8871 IRS 1120-POL IRS 990, as required	Upon Creation March 15 annually May 15 annually	IRS	Ogden, UT 84201

STATE OF Florida Leon COUNTY

I, Mark Herron, certify that the information in this Statement of Organization is complete, true, and correct.

X   
Signature of Top-ranking Principal Officer of Organization

9 January 2020  
Date