

LO9000015114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

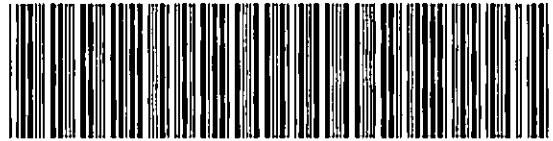
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000314568660

05/27/18--01021--017 \*35.00

11 EGGETT  
JUN 28 2018





If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	Robert K. White	1 Steiman Parkway, Suite 270	<input type="checkbox"/> Add
		Jacksonville, Florida 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
V	Michael W. Herzberg	1 Steiman Parkway, Suite 270	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

