Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DRIVER, MCAFEE, PEEK & HAWTHORNE, P.L.

Account Number : I20020000137 Phone : (904)301-1269 Fax Number : (904)301-1279

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: taletald amphigu. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EJ JACKSONVILLE LLC

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Corporate Filing Menu

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(FAX)9043011279

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09 Driver, Mcafee, Peek & Hawthorne	!	(FAX)9043011279	P.002/002			
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L02284 3		2-	LEA			
STATEMEN	IT OF AUTHORITY	2016.	///			
Pursuant to section 505.0302(1), Plorida Statutes, this nathority:		e following statement of	FILED UL 29 AM 9:04			
FIRST: The name of the limited liability company is	EJ JACKSONVILLE LLC	ALLAH	TARY OF STATE			
SECOND: The Florida Document Number of the lim	ited liability company is: L160000	066399	TORIDE			
500 Mamaroneck Avenue, Suite 3	IRD: The street address of the limited liability company's principal office is: 500 Magneroneck Avenue, Suite 320					
Harrison, New York 10528	,					
namson, New York 19326						
The mailing address of the limited liability 500 Mamaroneck Avenue, Suite 3						
		·				
Harrison, New York 10528						
ocalition of a person in a company, whether as a memberson on the following:  1. May execute an instrument transferring a. Granted to: Michael Kohn		·				
b. No authority granted to:						
2. May enter into other transactions on bet	malf of, or otherwise act for or blad, t	не сипропу.				
a. Granted to: Michael Kohr						
<del></del>						
/ (_	Michael Kohn					
Signature of authorized representative		name of signature				
Filing Fe		<del>-</del>				

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