Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004277213)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856

Fax Number : (800)354-3381

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

W	Address:			
⊢man i	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CSS JACKSONVILLE LLC

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NOV 2 2 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	, Florida
New Registered Office Address:	Emer Florida street address
Name of New Registered Agent:	

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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MGR = 1	Manager Authorized Member		
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		<del></del>	Change
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Change

## (H21000477721 3)

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is filed.	omeenive date, om n	ior ant enfocus a citue?	as raily and vir ulo		
NOVEMBER 19		2021			
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Typed or printed name of signæ