Agent Authorization – Limited Liability Company (LLC)

Date:			
City of Jacksonville			
Downtown Investment Authority			
117 West Duval Street, Suite 310			
Jacksonville, Florida 32202			
Re: Agent Authorization for the follo	_		
To Whom It May Concern:			
You are hereby advised that		, as	of
, 			
, hereby certify th	at said LLC is the Owner of the pro	perty described in Exhil	bit 1. Said owner hereby
authorizes and empowers			
	for th		
requested change as submitted to th (signature)		отенс Берагстенс.	
(print name)			
STATE OF FLORIDA COUNTY OF DUVAL	and and the form of the first or the first of the first of the first of the first or the first of the first o	and the set	
	nd acknowledged before me this		
20, by	, a Limited Liability Company,	who is personally kno	own to me or who has
produced	as identification and wh	no took an oath.	
	(Signature of NOTARY PUBLIC	C)	
	(Printed name of NOTARY PU	BLIC)	
	State of Florida at Large.		
	My commission expires:		