EXHIBIT B

Agent Authorization - Corporation

Date:				
City of Jacksonville				
Planning and Development Depa	artment			
214 North Hogan Street, Suite 30	00,			
Jacksonville, Florida 32202				
Re: Agent Authorization for the Address:	=			
To Whom it May Concern:				
You are hereby advised that		, as		of
	, a corporation orga	nized under the law	s of the state of	/
hereby authorizes and empower				
application(s) for				
and in connection with such autl	norization to file such applic	ations, papers, docu	ments, requests an	d other matters
(signature)				
(print name)				
STATE OF FLORIDA COUNTY OF DUVAL				
Sworn to and subscrib	ed and acknowledged bet	fore me this	day of	
20, by				
	, a	corporation	on, who is persona	ally known to me or
who has produced	as i	dentification and w	vho took an oath.	,
	(Signature of NOT	ARY PUBLIC)		
	(Printed name of I	NOTARY PUBLIC)		
	State of Florida at	Large.		
	My commission ex	=		