Witness 1: X	(First Name)	(Last Name)
PRINT:	` ,	(======================================
	(His/Her	Mark)
(Street Address)	_	,
(City, State, Zip)	_	
Witness 2: X	-	
PRINT:	_	
(Street Address)		
(City, State, Zip)	_	
County of	ne by means of □ physical presence o	or □ online notarization
County of Sworn to (or affirmed) and subscribed before n		
County of Sworn to (or affirmed) and subscribed before rethis day of 20	, by	, who signed b
Sworn to (or affirmed) and subscribed before rethis day of 20 way of mark in the presence of the above national contents.	, by med witnesses and who □ is person	, who signed b
State of FLORIDA County of Sworn to (or affirmed) and subscribed before rethis day of 20 way of mark in the presence of the above national produced a as identification.	, by med witnesses and who □ is person tification.	, who signed bally known to me or [
Sworn to (or affirmed) and subscribed before rethis day of 20 way of mark in the presence of the above national produced a as identity	, by med witnesses and who □ is person tification.	, who signed be ally known to me or [
Sworn to (or affirmed) and subscribed before rethis day of 20 way of mark in the presence of the above national produced a as identification of instrument attached	, by med witnesses and who □ is person tification.	, who signed be ally known to me or [
Sworn to (or affirmed) and subscribed before rethis day of 20 way of mark in the presence of the above national produced a as identity	, by med witnesses and who □ is person tification.	, who signed be ally known to me or [