PLEASE PRINT *Name & Address are required
NAME: EROS MARCELLO (black dream ai) DATE: 03/06/24
ADDRESS: 1215 Storphold Trail Lone PHONE: (201) 450-3609
CITY: St Augustive COUNTY: STATE: FL ZIP: 3
REPRESENTING: block dran at
SIGNATURE: I DO NOT WISH TO SPEAK
1 15 - 1 Tabilizana i rapid
comments from the public subject: Artificial Lotelligence + indovation

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required	
NAME: Tellisa Robinson	DATE: March 6,24
ADDRESS: 1230 Florida Ave	PHONE: 904 568 - 4035
CITY: Jackson Ville county: Duval	STATE: <u>F</u> ZIP: <u>\$\frac{1}{2}\$</u> 3220k
CITY: Jackson Ville county: Dwal REPRESENTING: East coast Striping and Pa	ainting, Inc.
SIGNATURE: The R-bin	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT:	

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name	e & Address are required
NAME: Hie	Willer and Shownice Miller DATE: March 6, 2024
ADDRESS: 4350 S	St. Johs Ave. Suite 15 Unit158 PHONE: 844 447. 4197
CITY: Jacksonvi II	county: <u>Duval</u> state: <u>FL</u> zip: <u>32210</u>
REPRESENTING:	Rospective Spannity Services
SIGNATURE:	Rospective Spannity Services in Miller Shauenier De I DO NOT WISH TO SPEAK
COMMENTS FROM THE	ke our to get an apportunity on contracts?
- comment for	a con the dest of the transfer

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.

PLEASE PRINT *Name & Address are required	
NAME: Cheya Thousand ADDRESS: 4611 Southpoint Pkuy	DATE: 3 6 24
ADDRESS: 4611 Southpoint Pkuy	PHONE: 646 320 7010
CITY: Dove	
REPRESENTING: T wellness co	
SIGNATURE:	I DO NOT WISH TO SPEAK
COMMENTS FROM THE PUBLIC SUBJECT: Busines	os owner wellness

SPEAKING TIME IS LIMITED TO <u>THREE (3) MINUTES</u> PER SPEAKER. NO SPEAKER MAY GIVE OR TRANSFER THEIR TIME TO ANOTHER PERSON.