## 91400000

(Requestor's Name)	
(Address)	40025691
(Address)	Christopher F Jacks
(City/State/Zip/Phone #)  . PICK-UP WAIT MAIL	Jack
(Business Entity Name)	0111. 2a
(Document Number)	Q14-59
Certified Copies Certificates of Status	
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MAY 29 2014 N. CAUSSEAUX

DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE
PARTI
1. Name and business address of nonresident:  Christophic R. Sackun - Trees Inc  650 N. Sam Houston Pky F. Sulfe 130  Houston TX 77000
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)
2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:
, FL.
Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.  Registered Agent's signature:  3. I,
in accordance with section 487.047(2), Florida Statutes.
Nonresident's signature:  PART II
I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.
Nonresident's signature:
Date: 4-18-2014
FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED) \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.60 - TOTAL DUE
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)
SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

NOTE: CONFIRMATION OF FILING AND A CERTIFIED COPY WILL BE RETURNED TO THE FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES.

INHSE30(6/92)