## 0230000000000025

(Requestor's Name)		
(Address)		
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DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

•		7.75
	PARTI	:-00 :500
1. Name and bu	usiness address of nonresident:	A SSE
	Erneny Exm Green Rd	
Bunb	rides (m) 39819	
	THER #2 <u>OR</u> #3 - NOT BOTH)	<u> </u>
2. The name ar may be served i	nd Florida street address of the registered agent up n accordance with section 487.047, Florida Statut	pon whom service of process es is:
	, FL	-
Having been na behalf of the un- in this capacity.	med as registered agent upon whom service of pr dersigned, I hereby accept the appointment as reg	ocess may be served on gistered agent and agree to act
Registe	red Agent's signature:	
in accordance v	, a nonres ry of State as my registered agent upon whom ser rith section 487,047(2), Florida Statutes. ident's signature:	
registered office	viedge this document is being submitted to design pursuant to section 487.047, Florida Statutes.	
Nonres	ident's signature: <u>OVAS Exact</u> Date: <u>3312023</u>	
F	EES: \$35.00 - REGISTERED AGENT DESIGNATION FEE \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE  (MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)  SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS	(REQUIRED)
-	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)