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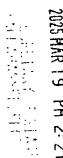
(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<u>.</u>	

Office Use Only



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MAR 2 6 2025 K. Brumbley



DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDE LICENSE

PART I

1. Name and	business address of nonresident: Jurphy James McElligott. 7799 MS HWY 12 Ackerman, MS 3	9735	
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)			
2. The name may be served	and Florida street address of the registered agent upon whom set d in accordance with section 487.047, Florida Statutes is:	vice of process	
	,FL		
Having been in this capacit	named as registered agent upon whom service of process may be undersigned, I hereby accept the appointment as registered agent y.	served on and agree to act	
Regis	itered Agent's signature:		
in accordance	urphy James MCelligott , a nonresident, hereby tary of State as my registered agent upon whom service of process with section 487.047(2), Florida Statutes. Murphy McElligott esident's signature:	appoint the s may be served	
	PARTII		
registered offi	owledge this document is being submitted to designate a register ice pursuant to section 487.047, Florida Statutes. Which McElligate Bate: 3/10/25	2 0	
	FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED) \$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 P.O. BOX 6327 TALLAHASSEE, FL. 32314	9 PH 2: 21	

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