## 0/5000000063

(Requestor's Name)
(Address)
(Address)
( tautioss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bookine Humber)
Catification of Ohio
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400274720064

Q15-63

07/15/15--01011--002 \*\*87.50



JUL 16 2015 N. CAUSSEAUX

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

PART I

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

Name and business address of nonresident:     JEFFERY DEAN REED     1980 LONESOME PINE ROAD     PINEHURST, GA 31070	
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	
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. Deff Con Read a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes.  Nonresident's signature:	
PART ()	金いちょって
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: Afficial X	5 E
FEES: \$35 00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED) \$52 50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL QUE	
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)  SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314	

INHSE30(6/92)