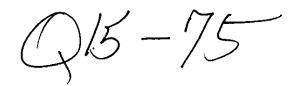


(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies		of Status
Special Instructions to Filing Officer:		

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JUL 29 2015 N. CAUSSEAUX

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

PARTI

1. Name and business address of nonresident: Progressive Solutions, LLC Eduardo Rodrigo Munoz Paramo
529 Industrial Drive
Bean Station, TN 37708
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)
2. The name and Florida street address of the registered agent upon whole fervice of purpose may be served in accordance with section 487.047, Florida Statutes is:
Having been named as registered agent upon whom service of process may be solved behalf of the undersigned. I hereby accept the appointment as registered agent behalf of the undersigned. I hereby accept the appointment as registered agent behalf of the undersigned.
Registered Agent's signature:
3 I, Eduardo Rodrigo Munoz Paramo , a nonresident, heroby appoint the Florida Secretary of State as my registered agent upon whom service of process may be heree in accordance with section 487.047(2), Florida Statutes. Nonresident's signature:
PARTII
I hereby acknowledge this document is being submitted to designate a registered eigeni and to registered office pursuant to section 487.047, Florida Statutes. Nonresident's signature:
Date: 07/08/2015
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 F.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.