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DEC -1 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: MARK W. SAMS	S NOV
611 E. BAY STREET	<u> 表現 </u>
WILLIAM GARDA FLORIDA 3-1787	H.
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	9: 03 STATE FLORID
2. The name and Florida street address of the registered agent upon whom service may be served in accordance with section 487.047, Florida Statutes is:	e or process
, FL	
Having been named as registered agent upon whom service of process may be se behalf of the undersigned, I hereby accept the appointment as registered agent and in this capacity.	rved on d agree to act
Registered Agent's signature:	
3. I, MARL W. SAMES, a nonresident, hereby appropriate agent upon whom service of process maccordance with section 487.047(2), Florida Statutes.	ooint the nay be served
Nonresident's signature: Malled Company	
I hereby acknowledge this document is being submitted to designate a registered a registered office pursuant to section 487.047, Florida Statutes.	agent and a
Nonresident's signature: Mould Sous Date: Nov. 12, 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 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.