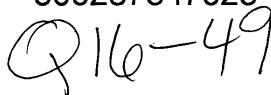


(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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	Special Instructions to Filing Officer:
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'JUN 3 0 2016 N. CAUSSEAUX

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

PARTI

1. Name and Progressive So	business address of nonresident: Juan Carlos Ma	actinez
529 Industrial D	•	
Bean Station, T	N 37708	-44
(COMPLETE	EITHER #2 <u>OR</u> #3 - NOT BOTH)	
	and Florida street address of the registered agent upon whom servi	ce of process
		- X
	, FL	1/2/2 3
behalf of the u in this capacity		
Regis	tered Agent's signature:	
in accordance	arlos Martinez , a nonresident, hereby and lary of State as my registered agent upon whom service of process of with section 487,047(2), Florida Statutes. esident's signature: PART II	may be served
registered offic	owledge this document is being submitted to designate a registered ce pursuant to section 487.047, Florida Statutes. esident's signature:	agent and a
	Date: 06-15-2016	
	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.

INHSE30(6/92)