a1600000093

(Re	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	_	





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12/07/16--01018--022 **262.50

编序C-7 PH 2:48

J. HARRELE

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

~ .1	PARTI	
Joshua	L Hammond business address of nonresident:	
CO Aqua Servic	ies Inc.	
23360 US		· · · · · · · · · · · · · · · · · · ·
	e, AL 35976	
(COMPLETE E	EITHER #2 <u>OR</u> #3 - NOT BOTH)	· · · · · · · · · · · · · · · · · · ·
	nd Florida street address of the registered agent upon whom se in accordance with section 487.047, Florida Statutes is:	rvice of process
	, FL,	
	amed as registered agent upon whom service of process may be ndersigned, I hereby accept the appointment as registered agent	
Registe	ered Agent's signature:	
Florida Secreta	, a nonresident, hereby ary of State as my registered agent upon whom service of proces with section 487.047(2), Florida Statutes.	appoint the ss may be served
Nonres	sident's signature: PART II	
registered office	wledge this document is being submitted to designate a register e pursuant to section 487.047, Florida Statutes. sident's signature:	ed agent and a
	Date: 12-2-16	
Ī	FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED) \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE	PH 2: 48
	(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.