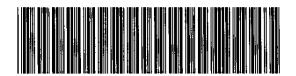


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N. CAUSSEAUX APR 2 1 2017

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

## PARTI

1. Name and business address of nonresident:	PRESIDENT (THEON BRUE	EMMER)
3291 BURNHAM WAY		
KENNESAW, GA 30152		NS NS
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)		II APR
2. The name and Florida street address of the reg may be served in accordance with section 487.047		ce of process
		<u>ب</u> بو
	. FL.	73
Having been named as registered agent upon who behalf of the undersigned, I hereby accept the appin this capacity.		
Registered Agent's signature:		
3. I, THEON BRUEMMER Florida Secretary of State as my registered agent in accordance with section 487.047(2), Florida State Nonresident's signature:	upon whom service of process i	point the may be served
PART	ГШ	
I hereby acknowledge this document is being subtregistered office pursuant to section 487.047, Flor  Nonresident's signature:  Date: 4/14/2		agent and a
FEES: \$35.00 - REGISTERED AGENT D \$52.50 - CERTIFIED COPY FEE \$87.50 - TOTAL DUE		
(MAKE CHECK PAYABLE TO: FLORIDA SUBMIT DOCUMENT AND CHECK T DIVISION OF CORPO P.O. BOX 6327 TALLAHASSEE, FL 32	ro: Prations	

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