## Q1800000019

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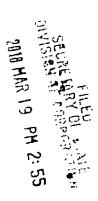
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N. CAUSSEAUX MAR 2 0 2018

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

## PARTI

Name and business address of nonresident:     Watt Such Son	Clarke
	Zooul Edison Circle East
	Clearwater, MW 55320
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	======================================
2. The name and Florida street address of the ramay be served in accordance with section 487.0	
	, FL
behalf of the undersigned, I hereby accept the a in this capacity.	
Registered Agent's signature:	
3. I, Moth Swanson Florida Secretary of State as my registered age	, a nonresident, hereby appoint the nt upon whom service of process may be serve
In accordance with section 487.047(2), Florida S	SIBIUI⊕S. -
Nonresident's signature:	
	राज
I hereby acknowledge this document is being so registered office pursuant to section 487.047, Fi	
Nonresident's signature:	
Date: 2/28/1	8
FEES: \$35.00 - REGISTERED AGENT \$62.50 - CERTIFIED COPY FE \$87.50 - TOTAL DUE	DESIGNATION FEE (REQUIRED) E (REQUIRED)
(MAKE CHECK PAYABLE TO: FLOR	IDA DEPT. OF STATE)
SUBMIT DOCUMENT AND CHEC DIVISION OF COR P.O. BOX 8327 TALLAHASSEE, FI	PORATIONS

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

(NHSE30(6/92)