(Pa	questor's Name)	
(Me	questor s trame)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	
(2	,,	,
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
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Office Use Only



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POPT



N. CAUSSEAUX JUL 2 0 2018

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

	PARTI		<u></u>
1. Name and b	usiness address of nonresident:	5018 J	71SIA
1 a Dale	Earl Aldridge	=	9.5
4410	Boston Hwy Monticello FL 32344	•	- 14 K
		PH	3.
(COMPLETE E	ITHER #2 <u>OR</u> #3 - NOT BOTH)	2: 2	>
2. The name at may be served	nd Florida street address of the registered agent upon whom serving accordance with section 487.047, Florida Statutes is:	ice of pro	cess
	, FL		
Having been na behalf of the un in this capacity.	amed as registered agent upon whom service of process may be s ndersigned. I hereby accept the appointment as registered agent a	served on and agree	to act
Registe	ered Agent's signature:		
Florida Secreta in accordance v	nry of State as my registered agent upon whom service of process with section 487.047(2), Florida Statutes.	ppoint the may be s	; served
Nonres	sident's signature: M		
	PART II		
registered office	wledge this document is being submitted to designate a registered e pursuant to section 487.047, Florida Statutes.	d agent a	nd a
	Date: <u>b/27/18</u>		
	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.