## 0190000000013

| (Re                     | questor's Name)     |                |
|-------------------------|---------------------|----------------|
| (Ad                     | dress)              |                |
| (Ad                     | dress)              |                |
| (Cit                    | y/State/Zip/Phone # | <del>(</del> ) |
| <u></u>                 | / WAIT              | , MAIL         |
| (Bu                     | siness Entity Name  | -              |
| (Do                     | cument Number)      |                |
| Certified Copies        | _ Certificates o    | f Status       |
| Special Instructions to | Filing Officer:     |                |
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S. PRATUEL

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

## PARTI

| 1. Name and business address of nonresident:  Bth Farms LLC - Brandon Lee Harding  |
|--|
| 4670 Centennial Rd   |
| Phodesdale mo 21659  |
| , <del></del>  |
| (COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)   |
| 2. The name and Florida street address of the registered agent upon whom service of process may be served in accordance with section 487.047, Florida Statutes is:   |
|  |
|  |
| Having been named as registered agent upon whom service of process may be served on behalf of the undersigned, I hereby accept the appointment as registered agent and agree to act in this capacity.              |
| Registered Agent's signature:  |
| 3. I, Frandon L. Harding , a nonresident, hereby appoint the Florida Secretary of State as my registered agent upon whom service of process may be served in accordance with section 487.047(2), Florida Statutes. |
| Nonresident's signature: Breudon Handif  |
| PARTII   |
| I hereby acknowledge this document is being submitted to designate a registered agent and a registered office pursuant to section 487.047, Florida Statutes.   |
| Nonresident's signature: Branchon Harding  |
| Date: 2-11-19 2  |
| 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.