

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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04/29/21--01011--023 **87.50

SECTETARY OF STATE

MAY -5 2021 M. SOLOMON

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

PARTI

| 1. Name and business address of nonresident: | |
|---|----|
| 295 S. Water St. Suite 300 | |
| Kent, 0+ 44240 | |
| NC14 OT TO | [|
| (COMPLETE EITHER #2 OR #3 - NOT BOTH) | r |
| 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: | ٠, |
| | _ |
| 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 a in this capacity. | ct |
| Registered Agent's signature: | |
| 3. I, | ıd |
| 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: 14/36/3031 | |
| 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.