021000000023

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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Office Use Only



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JUN 18 2021 M. SOLOMON

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

PART 1

| 1. Name and business address of nonresident: | 20 |
|---|---------------------|
| PO BOX 1988 | |
| VALOSSTA GA 31403 | |
| (COMPLETE EITHER #2 OR #3 - NOT BOTH) 2. The name and Florida street address of the registered agent upon whom service of | |
| may be served in accordance with section 487.047, Florida Statutes is: | . process வ |
| ,FL. | |
| Having been named as registered agent upon whom service of process may be serve behalf of the undersigned, I hereby accept the appointment as registered agent and a in this capacity. | |
| Registered Agent's signature: | _ |
| 3. I, Journ MACTINE , a nonresident, hereby appoint Florida Secretary of State as my registered agent upon whom service of process may in accordance with section 487.047(2), Florida Statutes. | nt the be served |
| Nonresident's signature: | |
| PARTII | |
| I hereby acknowledge this document is being submitted to designate a registered age registered office pursuant to section 487.047, Florida Statutes. | |
| Nonresident's signature: Date: 6 - 1 - 2 | |
| Date: 6-1-21 | _ |
| 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.