## Q2100000068

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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DEC 16 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:	:- <u>(/:</u>	<b>3</b> 2
1. Name and business address of nonresident:	1 × 20	0
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114 11014 00 1010 HA 114 31201		<del>-</del> -
	<u>"1</u> "	<b>=</b>
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<del></del>
(00m 12/2 2///2/ 11 <u>0//</u> 110 //01 20 ///	3.5	ဌ
2. The name and Florida street address of the registered agent upon whom sen may be served in accordance with section 487.047, Florida Statutes is:	vice of prod	ess
, FL		
Having been named as registered agent upon whom service of process may be behalf of the undersigned, I hereby accept the appointment as registered agent in this capacity.		to act
Registered Agent's signature:		
3. I, Imms Ure a nonresident, hereby a Florida Secretary of State as my registered agent upon whom service of process in accordance with section 487.047(2), Florida Statutes.	appoint the s may be so	erved
Nonresident's signature:		
PART II		
I hereby acknowledge this document is being submitted to designate a registere registered office pursuant to section 487.047, Florida Statutes.	d agent and	d a
Nonresident's signature:		
Date: 11-9-21		
FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED) \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE	7	
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)		
SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS P.O. BOX 6327		

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

TALLAHASSEE, FL 32314

## Q2100000069

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

Office Use Only



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DEC 16 2021 M. SOLOMON

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

PARTI	-7	2
1. Name and business address of nonresident.	ASS SECTION	30 KZ
HIH HWW II and 80		
Meridian MS 39301	70	<del>→</del>
	5 - 3	
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	도 2000 1200	သွ
2. The name and Florida street address of the registered agent upon whom served be served in accordance with section 487.047, Florida Statutes is:	rice of pro	
, FL		<u> </u>
Having been named as registered agent upon whom service of process may be seemalf of the undersigned. I hereby accept the appointment as registered agent a in this capacity.		to act
Registered Agent's signature:		
3. I, Curtis Jason Wurd , a nonresident, hereby a Florida Secretary of State as my registered agent upon whom service of process in accordance with section 487.047(2), Florida Statutes.	ppoint the may be s	erved
Nonresident's signature: Cutip gun Ward		
PART II		
I hereby acknowledge this document is being submitted to designate a registered registered office pursuant to section 487.047, Florida Statutes.	d agent an	d a
Nonresident's signature: Contin Garon Ward		
Date: 11 11 21		
FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED) \$52.50 - CERTIFIED COPY FEE (REQUIRED) \$87.50 - TOTAL DUE		
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TALLAHASSEE, FL 32314