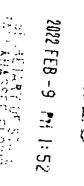
(R	equestor's Name)	·
(Ac	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(8	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	





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FEB 18 2022 M. SOLOMON

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

	Į	PARTI	
	ne and business address of nonreside of the UH Uba Off Fac 44 5. Wodford Rd	ent:	2022 FEB -
	Slocemb, AL 36375	**************************************	
	PLETE EITHER #2 <u>OR</u> #3 - NOT BO	***	1:52
	name and Florida street address of the served in accordance with section 4	the registered agent upon whom service of 87.047, Florida Statutes is:	process
		, FL	
behalf :	u ,	on whom service of process may be served he appointment as registered agent and ag	
3 /	T 00 011		 t tha
Florida		, a nonresident, hereby appoin agent upon whom service of process may ida Statutes.	t the be served
	/ * [PART II	
	y acknowledge this document is bein red office pursuant to section 487.04	g submitted to designate a registered ager 7, Flofida Statutes.	nt and a
	Nonresident's signature:	7/2022	-
	FEES: \$35.00 - REGISTERED AG \$52.50 - CERTIFIED COP' \$87.50 - TOTAL DUE	SENT DESIGNATION FEE (REQUIRED) Y FEE (REQUIRED)	
	(MAKE CHECK PAYABLE TO: F	·	
	SUBMIT DOCUMENT AND C	HECK TO:	

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

DIVISION OF CORPORATIONS

TALLAHASSEE, FL 32314

P.O. BOX 6327