Q23000000044

(Re	equestor's Name)	
(Ac	idress)	-
(As	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	

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SECRETARY OF STATE TALL THASSEE FLORIDA

2023 JUN -5 PM 1:26

M. SOLOMON
JUN - 9 2023

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

PARTI

1. Name and business address of nonresident:
Michael Neal Jackson Vouchel #3 127162 157163
5755 North Point Pkmy Suite 52 Alphanetta, Ga. 30022
Alpharetta Ga 30022
Fig. 2
(COMPLETE EITHER #2 OR #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:
FL 227
Dry N
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. 1, Michael Neal Jackson, 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: Myl Mul Jul
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: Mul Aul Ja-
Date: 5/30/2023
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.