Q230000006064

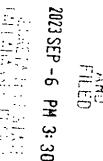
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				

Office Use Only



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09/08/23--01010--020 **87.50





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

PARTI

1. Name and business address of nonre	esident:			
TOC ACTO Logistic	SINC			
TOC ALIO Logistice 19255 Middle Rd.	205	Banos	CA.	93635
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT	вотн)			
2. The name and Florida street address may be served in accordance with section			hom servic	e of process
TV Co HA				
1720 Nest Coral Ten	ace N. Fir	MYERS, FL.	3390	9 3
Having been named as registered agent behalf of the undersigned, I hereby acce in this capacity.	t upon whom se	ervice of process	may be se	rved on
Registered Agent's signature: _	-	The state		
3. I,		, a nonresident,	hereby app	point the
Florida Secretary of State as my register in accordance with section 487.047(2), I			f process m	nay be served
Nonresident's signature:				
	PART II			
I hereby acknowledge this document is I registered office pursuant to section 487			registered a	agent and a
Nonresident's signature:	- 00		<u> </u>	26
Date:	8/29/2	٥23	*****	23 SEF
FEES: \$35.00 - REGISTEREI \$52.50 - CERTIFIED (\$87.50 - TOTAL DUE			JIRED)	FILED FILED
(MAKE CHECK PAYABLE TO): FLORIDA DEPT	. OF STATE)		မှ မ
P.O. BOX	OF CORPORATION	NS		30

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