Q24000000038

(Red	uestor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Elling Officer	
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2824 JUL 15 PH 1: 25 SECRETARY OF STATE TALL ARASSEE, FLORAGE

AND FILED

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USL 1.7.2024 <. Brumblev

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

PARTI

Name and business address of nonresident:	Estate Managmont	Services	
Jacob G. Hall	305 Indigo Dr. Brunswick, GA 31	525	
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)			
2. The name and Florida street address of the reg may be served in accordance with section 487.047	istered agent upon whom servi 7, Florida Statutes is:	ce of process	
	, FL		_
Having been named as registered agent upon who behalf of the undersigned, I hereby accept the app in this capacity.	om service of process may be s pointment as registered agent a	erved on nd agree to ad	c*
Registered Agent's signature: 3. I, Socob G. Hall Florida Secretary of State as my registered agent of accordance with section 487.047(2), Florida State Nonresident's signature:	, a nonresident, hereby ap upon whom service of process	point the may be serve	c
I hereby acknowledge this document is being submaregistered office pursuant to section 487.047, Florida.	 mitted to designate a registered	agent and a	ر.
Nonresident's signature:	- JUAN	2024	•
FEES: \$35,00 - KEGISTERED AGENT DE \$52,50 - CERTIFIED COPY FEE (I \$87.50 - TOTAL DUE (MAKE CHECK PAYABLE TO: FLORIDA SUBMIT DOCUMENT AND CHECK TO DIVISION OF CORPOR P.U. BUA 5321 TALLAHASSEE, FL 323	REQUIRED) I <i>DEPT. OF STATE</i>) O: RATIONS	JUL 15 PH 1:25	APPROVED AND FILED

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