(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(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	iling Officer:	
	Office Use On	ilv



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DEC 13 2024 K. Brumbley

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

PARTI

Name and business address of nonresident:	
Josh Itall	
Josh Itall 524 Fair view Rd Pelion & 29123	<del></del>
(COMPLETE EITHER #2 <u>OR</u> #3 - NOT BOTH)	
2. The name and Florida street address of the registered agent upon whom service of may be served in accordance with section 487.047, Florida Statutes is:	process
, FL	
Having been named as registered agent upon whom service of process may be served behalf of the undersigned, I hereby accept the appointment as registered agent and agin this capacity.	
Registered Agent's signature:	_
3. I	the be served
PART II	_
I hereby acknowledge this document is being submitted to designate a registered agent registered office pursuant to section 487.047, Florida Statutes.	t and a
Nonresident's signature:	-
	.024 I
FEES: \$35.00 - REGISTERED AGENT DESIGNATION FEE (REQUIRED)  \$52.50 - CERTIFIED COPY FEE (REQUIRED)  \$87.50 - TOTAL DUE	AFFR AF FIL VOV 22
(MAKE CHECK PAYABLE TO: FLORIDA DEPT. OF STATE)	Z PH
SUBMIT DOCUMENT AND CHECK TO: DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314	H 1: 03

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