8000000016 FILED 98 FEB 25 PH 3: 04 Requestor's Name SECRETARY OF STATE TALLAHASSEE, FLORIDA Address Phone # City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): Indrew 2. (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy ☐ Walk in Pick up time Photocopy Mail out ☐ Will wait AMENDMENTS 800002441418-NEW FILINGS -02/26/98--01050--001 Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS OUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

Other

## DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR A NONRESIDENT RESTRICTED-USE PESTICIDES LICENSEE

	PART I		
1. Name a	and business address of nonresident:		
Durdes	EW L. Paulson	101	J.
		A. Yackson P.O. Box 22	
		1.0. BOY 22	35
		E. BREWTO	
(COMPLE	TE EITHER #2 OR #3 - NOT BOT!	•	-36427
2. The nar process ma	me and Florida street address of the req ay be served in accordance with section	gistered agent upo 487.047, Florida S	n whom service of Statutes is:
N/#_			
		. FL.	
on behalf	en named as registered agent upon wh of the undersigned, I hereby accept the t in this capacity.	e appointment as re	egistered agent and
Re	gistered Agent's signature:		
Florida Sec	PEω L. PAW SON retary of State as my registered agent ccordance with section 487.047(2), Flo	upon whom servic	by appoint the e of process may be
No	nresident's signature:		
	PART II	]	-
I hereby ac and a regi	cknowledge this document is being substered office pursuant to section 487.04	omitted to designat 17, Florida Statutes	te a registered agent
No	nresident's signature:		
	Date: 2-22-	78	
	·	. 0	98 ALL
	FEES: \$35.00 - REGISTERED AGENT DESIGNA \$52.50 - CERTIFIED COPY FEE (REQUIR \$87.50 - TOTAL DUE (MAKE CHECK PAYABLE TO: FLORIDA DI	RED)	FILED FED 25 PM RETARY OF STAHASSEE, FL
	SUBMIT DOCUMENT .  DIVISION OF CORPORATION P. O. BOX 6327  TALLAHASSEE, FL 32314		3: 04 TATE ORIDA

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