(Requestor's Name)
(Address)
(Address)
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	DAKOTAH FARMS, LLC		
		Name of Limited 1	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	g this matter to the	following:
JOYCE S	STRANO		
	Name of Person	<u></u>	. Ann.3 1°,1
			्रिके न्यूप .रो
	Firm/Company		ARAR -4 AMII: 3.
5640 TECUMSEH DRIVE		SSEE AM	
	Address		I: 37
TALLAF	HASSEE, FL 32312		
	City/State and Zip Co	de	
JMSTRA	NO99@GMAIL.COM		
E-r	mail address: (to be used for future	annual report noti	fication)
For furth	er information concerning this ma	itter, please call:	
JOYCE STRANO 850 597-0199 at ()		597-0199	
	Name of Person	w (Area Code & Daytime Telephone Number
]]	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
1	Enclosed is a check for the follow	ving amount:	
i	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	Principal office address of limited liability company:			Mailing adds	acc of limit	ed light	ility company
	(Note: MUST BE STREET ADDRESS)			•			ility company: FICE BOX)
	5640 TECUMSEH DRIVE		5640 TE	CUMSEH DI	RIVE		
	TALLAHASSEE, FL 32312		TALLAF	HASSEE, FL	32312		
	03/04/2009		L0900002	11351			
	Date of filing/registration in Florida	4.		Document	t number		• •
. (a)	ANGIE CHRISTENSEN						
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ate:			
(b) _	ANGIE CHRISTENSEN						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
	26350 S.W. 182ND AVENUE					5 S.O.	
	HOMESTEAD , F	L_33031		_	<u>:</u>	<u>. v.</u>	
	JOYCE STRANO				SSVE 0 AVE	: :-	! > //:
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		ins:	===	
	JOYCE STRANO			_	FL	AH II: 37	
	NEW Registered Office Address:						
	5640 TECUMSEH DRIVE		<u>-</u>	<u></u>			
	TALLAHASSEE . F	L 32312					
hange gent v vas/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registero lability co of the lim	ed office a impany, it iited liabil	nd the busin is hereby co ity company	ess offic onfirmed	e of th that th	ne registered ne change(s)
	(once There)	JOY	CE STRAI				
·	fure of a member or authorized representative of a member			Printed or t	• •	-	
rovisi he obl o mere	by decept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change.	: perform	ance of mi	duties, ånd	l I am Fan	niliar	with and accei

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314