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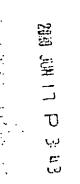
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

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COVER LETTER

TO: Registration Section Division of Corporations							
Langley Farms LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	s matter to the following:						
Nikolai Korepanov							
Name of Person							
Langley Farms LLC							
Firm/Company							
4050 Longleaf Court							
Address							
Tallahassee, FI 32310							
City/State and Zip Code							
langleyfarmstally@gmail.com							
E-mail address: (to be used for future annu	ual report notification)						
For further information concerning this matter,	please call:						
Nikolai Korepanov	850 321-9666						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314						
Enclosed is a check for the following amount:							
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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.

I. Na	ime of the limited liability company: Langley Farr	ns LLC			
2. (a)	Nikolai Korepanov	(b	Nikolai K	orepanov	
~. (<i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("	M	ailing address of limited (Note: MAY BE POS	
	4050 Longleaf Court		4050 Lon	gleaf Court	
	Tallahassee, Fl 32310		Tallahass	see, FI 32310	
	1/31/2019	ı	L19000032	2137	
3.	Date of filing/registration in Florida	4.	[Document number	
5. (a)					
(,	Registered Agent and Registered Office shown on the records o	the Florida	Dept. of State:		
	Nikolai Korepanov				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	4392 Benchmark Trace				
	Tallahassee	L 32317		2911	
				2919 JUN	3, \$
(b)	Enter name of NEW Registered Agent and/or NEW Registere				data A
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	iress:	••	
				D پر	prince in the second se
	NEW Registered Office Address:			=	
	4050 Longleaf Court			W	
	Tallahassee	L 32310			
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members icles of organization or the operating agreement of the little of a member or authorized representative of a member	of the regis liability co of the lim e limited l	stered office mpany, it is ited liability iability compolai Korepa	and the business of hereby confirmed to company or as other pany.	fice of the registered that the change(s) erwise provided in
		organ to nat		Printed or typed name of	_
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing attentions of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to act e perform 'ed for in C l hereby co	in this capa ince of my d. Thapter 605, onfirm that th	city. I jurther agre uties, and I am fam F.S. Or, if this doc he limited liability (e to compty with the iliar with and accep cument is being filed company has been
Signatu	re of Registered Agent				
	/ '				