L190000276782

(Requestor's Name)	
(Address)	6004175
(Address)	MAHTAN
(City/State/Zip/Phone #) S. (PICK-UP WAIT MAIL 0)	C1 24 2023
(Business Entity Name)	
(Document Number)	
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COVER LETTER

Division of Corporations	
TEG The Haven at Palm Coast LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	eter to the following:
Name of Person	
Firm/Company	
Address	<u> </u>
x	
City/State and Zip Code	
·	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call;
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	
Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
□ \$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.

1. N	ame of the limited liability company: TEG The Haver	n at Palm	Co	ast LLC				
2. (a)		ı	(b)		-			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailii	ng address of lim			
	365 RTE 59, SUITE 110			365 RTE 59, St				
	AIRMONT, NY 10952			AIRMONT, NY	7 10952	 -		<u> </u>
	11/19/2019		i.	19000276782				
3.	Date of filing/registration in Florida	4.	_	Doc	ument numbe	r	-	-
5. (a)	Registered Agent and Registered Office shown on the records o VCORP SERVICES, LLC			Dept. of State:			23	
	Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD	EET ADDRESS)				,	ec (E) %	
	PLANTATION , F	L 33324				Ç	o a	•
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> DBO Services LLC	d Office ac	ddr	ess:		11 1:54		· ·
	NEW Registered Office Address:	-						
	155 OFFICE PLAZA DR.	-						
	TALLAHASSEE, FI	L_32301						
igent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lianted authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registers ability co of the lin	od (omp oite	office and the l pany, it is herel ad lightlify com	business offic by confirmed many or as of	e of the	regis	stered
/s/ Ys	hia David Willner			David Willner				
	are of a member or authorized representative of a member				d or typed name	~		
he oblig o merel	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h in writing of this change.	ree to act performe d for in (hereby co	in anc Cha onfi	this capacity, we of my duties, upter 605, F.S. irm that the lin	l further agre and I am fan Or, if this do uited liability	re to con uliar wi cument compan	mply ith ai is be iv has	with the id accept ing filed i been
/s/ De	evorah Glazer							
Signature	of Registered Agent							