4/25/23, 11:54 AM Division of Corporations

M23000024419

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

2023 APR 25 PM 12:41

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TEG DEVELOPERS LLC

Certificate of Status	0
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T. LEMIEUX
APR 26 2023

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1 Name of limited liability company as it appears on the records of the Florida Department of State: HEG Developers LLC

Enter new principal office address, if applicable

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable

(Mailing address MAY BE A POST OFFICE BOX)

2 The Florida document number of this limited liability company is: M23000082419

3 Jurisdiction of its organization: New York

4 Date authorized to do business in Florida: 03/23/2023

FILED
2023 APR 25 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION II (5-9 complete only the applicable changes)

5 New name of the limited liability company:

(must contain "Limited Liability Company," "L.L.C.," "LLC," "L.C.," or "LC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address, here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City , Florida *Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. (If this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.)

If Changing Registered Agent, Signature of New Registered Agent:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity, in accordance with 605:0902:(3)-(4), indicate that change:

Title/Capacity	Name	Address	Type of Action
MGR	Joseph Kleinhart	365 Route 59 Suite 110	☒ Add
		Airmont, NY 10952	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Joseph Kleinhart

Typed or printed name of signee

Filing Fee: $25.00