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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	TEG Jasmine LLC	TEG Jasmine LLC				
0000		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the following:				
Antho	ony Palazzo					
	Name of Person					
Vcorp	Services, LLC					
	Firm/Company					
25 R	obert Pitt Drive, Suite 204					
	Address					
Mons	sey, NY 10952					
-	City/State and Zip Code					
state	notices@vcorpservices.com					
E	E-mail address: (to be used for future annu	ual report notification)				
For fu	rther information concerning this matter,	please call:				
Antho	ony Palazzo	845 517-3904				
	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 Tallahassec, Florida 32314				
	Enclosed is a check for the following	closed is a check for the following amount:				
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS1	8 (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.

. Na	ame of the limited liability company:	e LLC			
. (a)	8650 NW 61st Street	(b) 382/	(b) 382A Route 59		
(w <i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 101 Airmont, NY 10952			
	Tamarac, FL 33321				
	06/21/2016	L1600	00119477		
	Date of filing/registration in Florida	4.	Document number		
(0)	Lind, Ari				
5. (a) (b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	4400 North Federal Highway				
	Registered Office Address (MUST BE FLORIDA STREET) Suite 121				
	Boca Raton , FI	33431			
	Vcorp Services, LLC				
	Enter name of NEW Registered Agent and/or NEW Registered	3356			
	5011 South State Road 7, Suite 106	A D IN			
	NEW Registered Office Address:		D 14		
	Davie	33314	<u> </u>		
ne cha gent w as/we	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the State of the registered of ability company of the limited lia climited liability	office and the business office of the registere, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.		
Sinfra	fure of a member or authorized representative of a member		Shig David Wilhar Printed or typed name of signee		
herel rovisi ne obli nere otifie	by accept 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 ely reflect a change in the registered office address, I kin writing of this change.	ree to act in this performance of ed for in Chapter hereby confirm	capacity. I further agree to comply with the first duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00