## Ma3000010426

	(Request	or's Name)			
<del></del>	(Address	)			
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## FLORIDA FILING & SEARCH SERVICES, INC.

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DATE: 10/20/2023

NAME: TEG CHARLOTTE EV LLC

TYPE OF FILING: CHANGE OF RA

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

PUHA

## **COVER LETTER**

то:	Registration Section Division of Corporations						
SUBJE	TEG Charlotte EV LLC						
		Name of Limited Liability Company					
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Offic	re Change ai	nd fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to th	ne following:				
	Name of Person						
	Firm/Company						
	Address						
	City/State and Zip Code						
E	-mail address: (to be used for future annu	ial report no	tification)				
For fur	ther information concerning this matter, p	please call:					
	Name of Person	at (	) 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				
	Enclosed is a check for the following a	amount:					
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18	3 (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.

2. (a)		(b)		
• /	Principal office address of limited liability company:		Mailing address of lim	
	(Note: MUST BE STREET ADDRESS) 365 RTE 59, SUITE 110	265	(Note: MAY BE PO	MI OFFICE BOX
	363 KTE 39, SOTTE 110	365 RTE 59, SUITE 110		
	AIRMONT, NY 10952	AIF	RMONT, NY 10952	
	8/9/2023	M230	000010426	
	Date of filing/registration in Florida	4.	Document numbe	г
(a)	Registered Agent and Registered Office shown on the records o	f the Florida Dent	of State:	
	VCORP SERVICES, LLC	i ine i iorida Doji		/ · / / / / / / / / / / / / / / / / / /
		· · D D D C C C		); (5)
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDKESS)</u>		(취 유)
	1200 SOUTH PINE ISLAND ROAD			∑; ·
	PLANTATION, F	33324		<u></u>
	, r	L	<del> </del>	
/A.X				· : 5
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		$O_1$
	DBO Services LLC			
	NEW Registered Office Address:			
	155 OFFICE PLAZA DR.			
	TALLAHASSEE	. 32301		
		L		
iango ent v as/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered off iability compar of the limited l	ice and the business officing, it is hereby confirmed iability company or as of	ce of the registered I that the change(s)
/s/ Y	shia David Willner	Yshia Da	vid Willner	
Signa	ture of a member or authorized representative of a member		Printed or typed nam	e of signee
rovis: 1e obi 1 mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	ree to act in the performance of for in Chapt hereby confirm	is capacity. I further ago of my duties, and I am fa er 605, F.S. Or, if this d n that the limited liability	ree to comply with the miliar with and accep ocument is being filed company has been
•	Devorah Glazer			
	re of Registered Agent			