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01/23/24--01029--019 **25.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: MACA CROUP A	NA INVESTMENT LLC			
Name of Limited Li	ability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the f	ollowing:			
Dylan Moreno Name of Person				
Name of Person				
MACA Group and Investment LLC Firm/Company				
11852 SW 745 Terrare Address	_			
Prince ton, FL 33032 City/State and Zip Code				
City/State and Zip Code	_			
Mateo. 4 rias. y one 2 @ gmail. com E-mail address: (to be used for future annual report notific				
E-mail address; (to be used for future annual report notific	cation)			
For further information concerning this matter, please call:				
Mateo Arias at (973	, 362 2063			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section Division of Corporations	Registration Section 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 amount:				
☑ \$25 Filing Fee ☐ \$5	S55 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: MACA	Group	and	lavestment	LLC
	11852 SW ZYS Terrace	,			
2. (4)	Principal office address of limited liability company;	_ (0)_	Ma	ailing address of limited	liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST	
	Prince ton, F-L 33032		<u> </u>	nceton, FL 3.	3032
	0 (/2 0 /2 - 2)		1 210	00070960	/
3.	Date of filing/registration in Florida	4.	D	ocument number	6
5 (a)	ARIAS GOMEZ, MATEU				
5. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida Do	ept. of State:		
	24960 SW 119 AVE Registered Office Address (MUST BE FLORIDA STREET A)				
	Homestead, FL 33032				
	Honesterd , FL	330	32		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addre	2551		
			_		\ <u>\ </u>
	MORENO, BYLAN				4
	NEW Registered Office Address:				***
	11852 SW 245 Terra	<u> </u>			
	Panceton .FL	7 7 0	2 2		_
					•
change agent was/w the art	imited liability company is not organized under the laws or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabere authorized.	egistered only complete the limite limited liab	office and to cany, it is hed liability confi pility compa	the business office of screby confirmed the company or as other any.	of the registered at the change(s) wise provided in
Signa	ture of a member or authorized representative of a member		Mateo,	Arins Gome of	signee
I here provisi the obi to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d'in writing of this change.	e to act in	this canaci	ity - I further agree (to comply with the

Signature of Registered Agent