L23000206943

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COVER LETTER

FO: Registration Section Division of Corporations		
MORENO GARCIA INVESTMEN	NTS LLC	
	ame of Limited Liab	pility Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fe	e(s) are submitted for filing.
Please return all correspondence concerning t	this matter to the fol	lowing:
Jorge Andres Moreno Garcia		
Name of Person		-
Moreno Garcia Investments LLC		
Firm/Company		-
4455 Baymeadows Rd Suite 105		
Address	· · · · · · · · · · · · · · · · · · ·	-
Jacksonville, FL 32217		
City/State and Zip Code		-
info@martinezaccountingservices.com		
E-mail address: (to be used for future at	nnual report notifica	ition)
For further information concerning this matte	er, please call:	
Jorge Andres Moreno Garcia	904 at (701-8472
Name of Person		Arca 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	ig amount:	
☐ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy

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. No	ame of the limited liability company: MORENO GAR	CIA INVE	ESTMENTS	LLC	
2. (a)			meadows Rd Suite 105 Jacksonville FL 32217		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability con (Note: MAY BE POST OFFICE B	
3.	04/26/2023 Date of filing/registration in Florida	 	L230002069	943 Document number	
J.	MARTINEZ ACCOUNTING SERVICES LLC	٦,		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 9424 Baymeadows Rd Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Suite 250	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		
	Jacksonville, F	L_32256		2023 OCT 17 PM 12: 1	Ti
(b)	MARTINEZ ACCOUNTING SERVICES LLC			17 ASSE	[
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		P	[]	
	4455 Baymeadows Rd			OCT 17 PM 12: 11 AHASSEE, FLORIDA	
	NEW Registered Office Address:			7	
	Suite 105	·		-	
	Jacksonville F	L ³²²¹⁷		_	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registere iability co of the lim	ed office and ompany, it is nited liability	nd the business office of the regis is hereby confirmed that the char ty company or as otherwise prov	stered ngc(s)
	Moiero	Jorg ———	ge Andres M	foreno Garcia	
I here provisi the obi to mer notified	tufe of a member or authorized representative of a member 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 ely reflect a change in the registered office address, I dip writing of this change.	ree to act e perform ed for in (hereby co	in this cape ance of my c Chapter 605 onfirm that	Printed or typed name of signee pacity. I further agree to comply duties, and I am familiar with a 5, F.S. Or, if this document is be the limited liability company ha	with the nd accept eing filed s been