P0200005684

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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: P02000056584

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person Malt & Company, Inc. Firm/Company 16 Glen Cove Drive Address Arden, NC 28704 City/State and Zip Code robert@maltandcompany.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Malt
Name of Contact Person

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organi er to change its registered office or registe	ized under the laws of the State of <u>F</u>	lorida	his ——	
1. The name of	the corporation: Malt & Company,	Inc.			
2. The principa	Loffice address: 16 Glen Cove Driv	e, Arden, NC 28704			
3. The mailing	address (if different):				
4. Date of incor	rporation/qualification: May 21, 2002	Document number: P0200	00565	84	-
	d street address of the current registered ag artment of State: (If resigned, enter resigned		th the		
	Jennifer Malt				
12685 Westport Circle					
	Wellington, FL 33414		ALC:	1 610Z	·
6. The name an (if changed):	d street address of the new registered agen		Tees	2010 HOV 19	
	Jennifer Malt		·	3	
13720 Exotica Lane				67:1 HJ	
	P.O. Box NOT a	icceptable			
The street addr	ress of its registered office and the street a	address of the business office of its	registere	ed agent	t.
	as authorized by resolution duly adopted he board, or the corporation has been not				
Signatu	ure of an officer or director	Robert Malt, President	,		
I hereby accept I further avree	t the appointment as registered agent and to comply with the provisions of all statu I my duties, and I am familiar with and ac its document is being filed merely to refle that the corporation has been notified in	dagree to act in this capacity. The proper and complete the proper and complete to the proper and complete the proper and com	nlete	ered , l	
	Allala	11/16/18			
40	nature of Registered Agent	Date			
- •	chalf of an entity:				
Jennifer M	Fyped or Printed Name				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *