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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

09/14/2021  
JH

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Malt Investments, LLC

\_\_\_\_\_  
Name of Limited Liability 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 following:

Tracy L. Markham

\_\_\_\_\_  
Name of Person

Malt Investments, LLC

\_\_\_\_\_  
Firm/Company

420 Arlys Lane

\_\_\_\_\_  
Address

Tryon, N.C. 28782

\_\_\_\_\_  
City/State and Zip Code

t1m3767@aol.com

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

For further information concerning this matter, please call:

Tracy Markham

at ( 904 ) 806 3531

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

21 SEP 14 PM 12:05

August 26, 2021

TRACY L MARKHAM  
420 ARLYS LANE  
TRYON, NC 28782 US

SUBJECT: MALT INVESTMENTS, L.L.C.  
Ref. Number: L10000119163

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 921A00020665

**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. Name of the limited liability company: Malt Investments, LLC
2. (a) Malt Investments, LLC  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
420 Arlys Lane  
Tryon, NC 28782
- (b) Malt Investments, LLC  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
420 Arlys Lane  
Tryon, NC 28782
3. 11/15/2010 Date of filing/registration in Florida
4. L10000119163 Document number
5. (a) Tracy L. Markham  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2800 N. 5th Street, Suite 302  
St. Augustine, Fl. 32084
- (b) Tracy L. Markham  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
99 6th Street SW  
NEW Registered Office Address:  
Winter Haven, FL 33880

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TALLAHASSEE, FL  
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tracy L. Markham  
Signature of a member or authorized representative of a member

Tracy L. Markham  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tracy L. Markham  
Signature of Registered Agent