## H10000119163

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
·	·	
Certified Copies	Certificates	s of Status
•	_	·
<del></del>		
Special Instructions to	Filing Officer:	
		9/14

Office Use Only



600371410296

08/13/21--01015--012 \*\*25.00

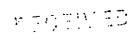
2021 SEP 14 AMII: 26

My 2021

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Malt Investments, LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Change ai	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to th	ne following:			
Tracy L	Markham					
	Name of Person					
Małt In	vestments, LLC					
	Firm/Company					
420 Arl	lys Lane					
	Address					
Tryon,	N.C. 28782					
	City/State and Zip Code					
tlm376	7@aol.com					
Е	-mail address: (to be used for future annu	al report no	tification)			
For fur	ther information concerning this matter, p	lease call:				
Tracy N	Markham	904 at (	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 a	imount:				
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			

INHS18 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

Letter Number: 921A00020665

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

•

www.sunbiz.org

## ▶ ATEMENT 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.

(a)	Malt Investments, LLC		(b) Malt Investments, LLC		
` '	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		`,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	420 Arlys Lane		420 A	Arlys Lane	
	Tryon, NC 28782			ı, NC 28782	
	11/15/2010			0119163	
	Date of filing/registration in Florida	<b>-</b> 4.		Document number	
	Tracy L. Markham	7.		Document number	
a)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. o	of State:	
	Registered Office Address (MUST BE FLORIDA STREET) 2800 N. 5th Street, Suite 302	<u>ADDR</u>	ESS)		
	St. Augustine, Fl.	32084		·············	
)	Tracy L. Markham  Enter name of NEW Registered Agent and/or NEW Registered Office address:			2021 SEP 14 AM 11: 26 TALLANDASSECTORY OF STATE	
	99 6th Street SW			TARY T	
	NEW Registered Office Address:			F 512. 26	
	Winter Haven, FI	33880	l 		
ige it w we irti	mited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of organization or the operating agreement of the limit	regist ability of the limite	ered offic company imited lia	te and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in company.	
	ure of a member or authorized representative of a member	_		Printed or typed name of signee	
risio obli iere	ov accept the appointment as registered agent and agents on sof all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I writing of this change.	perfor d for i hereby	ict in this mance of a Chapter confirm i	capacity. I further agree to comply with th my duties, and I am familiar with and acce 605, F.S. Or, if this document is being file that the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00