

L14 000079591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

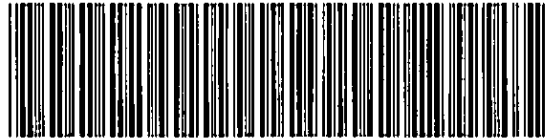
(Business Entity Name)

(Document Number)

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2021 FEB 11 AM 10:35
FEB 11 2021

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FEB 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2021

SCOTT STAMBAUGH
8714 LOST COVE DR
ORLANDO, FL 32819

SUBJECT: CRAZY TRAIN CONSULTING, LLC
Ref. Number: L14000079591

We have received your document for CRAZY TRAIN CONSULTING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 521A00001597

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crazy Train Consulting, 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:

Scott Stambaugh

Name of Person

CTC LLC

Firm/Company

8714 Lost Cove Dr

Address

Orlando, FL 32819

City/State and Zip Code

scott@crazytrainconsulting.com

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

For further information concerning this matter, please call:

Scott Stambaugh

at (703)

786-7941

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

**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: Crazy Train Consulting, LLC

2. (a) 8714 Lost Cove Dr (b) 8714 Lost Cove Dr

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Orlando, FL 32819

Orlando, FL 32819

05/16/2014

1.14000079591

3. Date of filing/registration in Florida

4. Document number

5. (a) Scott Stambaugh

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4815 Stamford Ct

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Orlando, FL 32819

(b) Scott Stambaugh

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8714 Lost Cove Dr

NEW Registered Office Address:

Orlando, FL 32819

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2021 FEB 11 AM 10:36
CLERK OF COURT
STATE OF FLORIDA

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.

Signature of a member or authorized representative of a member

Scott Stambaugh

Printed or typed name of signer

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00