L14000079591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000355840850

12/07/20--01024--019 **35.00

2021 FEB 11 AM 10:35

O SIMMONS

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
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Orlando, FL 32819

(b) 8714 Lost Cove Dr
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Orlando, FL 32819

3. 05/16/2014
Date of filing/registration in Florida

4. L14000079591
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

2021 FEB 11 AM 10:36

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 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.

Signature of Registered Agent

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