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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
	M401 C331	 	 	

## LLC REGISTERED AGENT CHANGE **CRAZY AMAZING LLC**

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K. SALY

JUL - 8 2022

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CRAZY AMAZING	LLC
	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 m	atter to the following:
Joshua Murphy	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	<del> </del>
Corporate Center One, 5301 Southwest P	kwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	-
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Joshua Murphy	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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## 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.

. Name of	the limited liability company: C	RAZY AM	AZING L	LC	
(a) 1211	AVENUE OF THE AMERIC	AS 40TH FL	C/O LANCE HARRIS1211 AVENUE OF THE AMERICAS		
	Principal office address of limited fiabili (Note: MUST BE STREET ADD WARD NY 1003	ORESS)	Mailing address of limited liability con (Note: MAY BE POST OFFICE E		
<u></u>			NE	W YORK, N	Y 10036
8/4	/2021		L210	00353002	
	Date of filing/registration in Fl	orida	4.	Document number	er
, BLU	MBERGEXCELSIOR CORP	ORATE SER	VICES, INC		
	ered Agent and Registered Office shown of 5 OFFICE PLAZA			State:	<b>ا</b>
		RIDA STREET AD		<del></del>	PARTY JULY STATE OF THE STATE O
TA	LLAHASSEE,	, <sub>FL</sub> 3	2301	<del></del>	TALLAND SECTIONS
(b) Reg	gistered Agent Solutio	ns, Inc.			
(0)	name of NEW Registered Agent and/or		Mce address:	<del></del>	劉古
15:	5 Office Plaza Dr.				<u>'</u> '
NEW	Registered Office Address:				
Su	ite A			<del></del>	
Та	llahassee	, <sub>FL</sub> 3	2301		
ne change o gent will be as/were aut	I liability company is not organized rechanges are made, the Florida street identical. Or, in the case of a Floridathorized by an affirmative vote of organization or the operating agreement.	reet address of th orida limited liabi the members of t	ie registered o ility company the limited lia	frice and the business, it is hereby confirmed bility company or as o	d that the change(s)
	G. Harris		Lance G.		Authorized Person
_	a member or authorized representative of			Printed or typed nar	-
rovisions of the obligation of merely ref otified in w	cept the appointment as registered fall statutes relative to the proper ons of my position as registered ag flect a change in the registered off riting of this change.	ent as provided fice address, I he	e to act in this erformance of for in Chapter reby confirm	capacity, i further a my duties, and I am ) 605, F.S. Or, if this that the limited liabili	gree to comply with the limiliar with and accept document is being filed ty company has been
	Mackenzie Hart, Ass legistered Agent	st Secretary			