L23000474805

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400419435944

RA & RO Change

11/13/23--01010--004 **25.00



A. RAMSEY NOV 29 2023

COVER LETTER

•

. .

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: CRAZY A 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:				
Michael Serrano					
Name of Person					
ZenBusiness Inc.					
Firm/Company	···				
336 E. College Ave. Suite 301					
Address					
Tallahassee, FL 32301					
City/State and Zip Code					
ra@zenbusiness.com					
E-mail address: (to be used for future annual report n	otification)				
For further information concerning this matter, please call:					
Michael Serrano \$44 at (493-6249				
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	3 \$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.

L. No	ame of the limited liability company:CRAZ	Y A LL	<u>.C</u>		
2. (a)	2820 BENT CYPRESS ROAD	(b)	(b) 2820 BENT CYPRESS ROAD		
2. (0,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	WELLINGTON, FL 33414		WELLING	TON, FL 33414	
	10/16/2023	— - L.3	2300047486	05	
3.	Date of filing/registration in Florida	4.	 _	Document number	
5. (a)	VESPICO, ALEXANDRA				
5. (a)	Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)		_	
	2820 BENT CYPRESS ROAD				
	Registered Office Address (ST BE FLORIDA STREET ADDRESS)				
	WELLINGTON, FL	33414	·	2023 NOV 13 MR 8: 12	
(b)	ZenBusiness Inc		70 8		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>288</u> I	·	
	336 E. College Avc. Suite 301				
	NEW Registered Office Address:				
	Tallahassee, FL	32301			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of the limite	office and pany, it is d liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	Alexandra Vespico			Alexandra Vespico	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notified	that dente	ee to act in performand I for in Cha erchy conf	this capa re of my d upter 605, irm that th	city. I further agree to comply with the acties, and I am familiar with and accept F.S. Or, if this document is being filed ac limited liability company has been	
Signatu	re of Registered Agent				