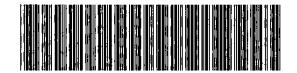
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Oity/State/Zip/Filone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
JUL 2 4 2013			
A. LUNT			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Classic Business S	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
Fred Janz	
Name of Person	<u> </u>
	20
Classic Business Solutions US	ALLAHASSS
Firm/Company	
•	SS 23
12447 Blackwater Ct	
Address	
7.52.43	
lookoonyillo El 2000	
Jacksonville Fl 32223 City/State and Zip G	Code
Chyrotate and Zip	Socie
fredjanz@comcast.net	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning	g this matter, please call:
Fred Janz	at (215) 4316989
Name of Person	Area Code & Daytime Telephone Number
CTREET/COURIED ADDI	DOCC MANUNC ADDRESS
STREET/COURIER ADDI Registration Section	RESS: MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	
Tallahassee, Florida 32301	•
Enclosed is a check for th	ne following amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Nan	ne of the limited liability company: Classic Busin	ness Solutions USA LLC
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: 12446 Blackwater Ct Jacksonville Fl 32223
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
7 19 2	013	1
3. Date	e of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
	Registered Agent:	Lisa Karvonen
	Registered Office Address:	12446 Blackwater Ct Jacksonville Fl 32223
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW Registered Agent</u> :	EW Registered Office address: Lisa Janz Y-N2-V0NEN
	NEW Registered Office Address:	12447 Blackwater Ct
	MUST BE FLORIDA STREET ADDRESS)	Jacksonville Fl 32223 ,FL
confirm and the liability the me the ope	imited liability company is not organized under the ned that after the change or changes are made, the business office of the registered agent will be idently company, it is hereby confirmed that the change mbers of the limited liability company or as otherwerating agreement of the limited liability company. The office of authorized representative of a member and	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or
I herei comply and I d Chapte addres	by accept the appointment as registered agent and with the provisions of all statutes relative to the pum familiar with and accept the obligations of my per 608, F,S. Or, if this document is being filed to me, I hereby confirm that the limited liability compared for the confirmity of Registered Agent	agree to act in this capacity I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.