

113000007084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

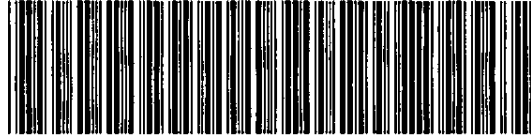
(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 MAR 21 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAR 23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 4, 2016.

CLASSMAIDS LLC
VIKTORIA A OLSKAIA
19059 SKYRIDGE CIR.
BOCA RATON, FL 33498

SUBJECT: CLASSMAIDS LLC
Ref. Number: M13000007084

We have received your document for CLASSMAIDS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00004557

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLASSMAIDS LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIKTORIA A. OLSKAIA

Name of Person

CLASSMAIDS LLC

Firm/Company

19059 Skyridge Circle

Address

BOCA RATON, FL 33498

City/State and Zip Code

CONTACT@CLASSMAIDS.COM

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

For further information concerning this matter, please call:

VIKTORIA A. OLSKAIA at (650) 534-8690

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 amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (9/15)

*already
submitted*

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CLASSMAIDS LLC

Enter new principal office address, if applicable: 19059 Skyridge Circle
BOCA RATON, FL 33498

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

19059 Skyridge Circle
BOCA RATON, FL 33498

2. The Florida document number of this limited liability company is: M13000007084

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 11/07/2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: VIKTORIA A. OLSKAIA

New Registered Office Address: 19059 Skyridge Circle
Enter Florida Street Address

Boca Raton, Florida 33498
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

Viktorija A. Olskaia

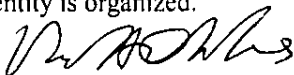
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
<u>MGR</u>	<u>Viktorija A. Olskaia</u>	<u>19059 SkyrIDGE Circle</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton, FL 33498</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>JOSHUA D. SCHNEIDER</u>	<u>9825 MARINA BLVD #100</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33428</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>DEBORAH J SCHNEIDER</u>	<u>9825 MARINA BLVD #100</u>	<input type="checkbox"/> Add
		<u>Boca Raton, FL 33428</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

VIKTORIA A. OLSKAIA

Typed or printed name of signee

RECEIVED
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00