I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHRISTINE AXEL

Electronic Signature of Signing Authorized Person(s) Detail

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Authorized Person(s) Detail :			
Title	MGR	Title	MANAGER
Name	AXEL, CHRISTINE	Name	COENEN, MARTIN S
Address	PO BOX 22537	Address	PO BOX 22537

Name and Address of Current Registered Agent:

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000120421

Entity Name: STELLAR BUSINESS SOLUTIONS LLC.

Current Principal Place of Business:

627 SW 6TH AVENUE FORT LAUDERDALE. FL 33315

Current Mailing Address:

PO BOX 22537 FORT LAUDERDALE. FL 33335 US

City-State-Zip: FORT LAUDERDALE FL 33335

FEI Number: 27-3969569

SIGNATURE:

Electronic Signature of Registered Agent

AXEL, CHRISTINE 501 SW 16TH ST FORT LAUDERDALE, FL 33315 US

City-State-Zip: FORT LAUDERDALE FL 33335

MANAGER

Certificate of Status Desired: Yes

Date

FILED Apr 10, 2013 Secretary of State CC4077923938

Date

04/10/2013