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CT CORPORATION

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COVER LETTER

BRIGHTSTAR ACCESSORIES,	LLC	
SUBJECT: Name of	f 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 concernin	ng this matter to the following:	
Robin Feinglas		
Name of Person		
Brightstar Corp.		
Firm/Company		
9725 NW 117 AVENUE, STE 300		
9725 NW 117 AVENUE, STE 300 Address		
Address		~3
	ACC C	2013
Address MIAMI FL 33178	TALLAHA	2013 HAR
Address MIAMI FL 33178 City/State and Zip Code	TALLAHASSE antification)	2013 MAR 12
Address MIAMI FL 33178 City/State and Zip Code Robin Feinglas@brightstarcorp.com	. , " "Me	2
Address MIAMI FL 33178 City/State and Zip Code Robin Feinglas @brightstarcorp.com E-mail address: (to be used for future annual report	. , " "Me	
Address MIAMI FL 33178 City/State and Zip Code Robin Feinglas@brightstarcorp.com E-mail address: (to be used for future annual report For further information concerning this mat	tter, please call:	2
Address MIAMI FL 33178 City/State and Zip Code Robin Feinglas @brightstarcorp.com E-mail address: (to be used for future annual report	tter, please call:	2
Address MIAMI FL 33178 City/State and Zip Code Robin-Feinglas@brightstarcorp.com E-mail address: (to be used for future annual report For further information concerning this mat Name of Person STREET/COURIER ADDRESS:	at (2
Address MIAMI FL 33178 City/State and Zip Code Robin-Felinglas@brightstarcorp.com E-mail address: (to be used for future annual report For further information concerning this mat Name of Person STREET/COURIER ADDRESS: Registration Section	at (2
Address MIAMI FL 33178 City/State and Zip Code Robin Felinglas@brightstarcorp.com E-mail address: (to be used for future annual report For further information concerning this mat Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	at (2
Address MIAMI FL 33178 City/State and Zip Code Robin.Feinglas@brightstarcorp.com E-mail address: (to be used for future annual report For further information concerning this mat Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	at (2
Address MIAMI FL 33178 City/State and Zip Code Robin-Feinglas@brightstarcorp.com E-mail address: (to be used for future annual report For further information concerning this mat Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	at (2
Address MIAMI FL 33178 City/State and Zip Code Robin-Feinglas@brightstarcorp.com E-mail address: (to be used for future annual report For further information concerning this mat Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	2

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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 608.416 or 608.508, Florida Statutes, the undersigned limited

agent, or both, in the State of Florida.	ner to crange in region	orth ogree or rogistere.	-
1. Name of the limited liability company: BRIGHTSTAR	ACCESSORIES, LLC		-
2. (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	ny: <u>9725 NW 117 AVENUI</u> MIAMI FL 33178	8, STE 300	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			•
05/13/2008	L08000047522		-
3. Date of filling/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Flori	ida Dept. of State:	
Registered Agent:	CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET		
•	TALLAHASSEE FL 323	301	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address</u> :	W Rogistered Office address: CT Corporation System 1200 South Pine Island Road		
(MUST BE FLORIDA STREET ADDRESS)	Plantation	FL33324 ~	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Angel Shearer	lorida street address of tical. Or, in the case of) was/were authorized b	rida, it is hereby the registered office of a Florida limited of an affirmative vote of	F
Printed or typed name of signee			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prayal am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companible: CT Corporation System Sensiure of Registered Agent	gree to act in this capa oper and complete perfo sition as registered age rely reflect a change in y has been notified in w Assistant Secretary Robecta Barth	city. I further agree to primance of my duties, on as provided for in the registered office riting of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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