

M10000002269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

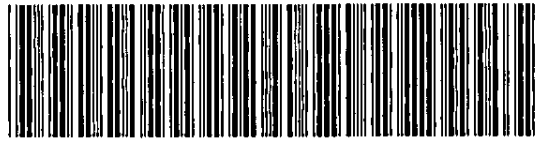
(Document Number)

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16 FEB -4 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 05 2016

S. YOUNG

**Wolters Kluwer**

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

**ESECURITEL AGENCY, LLC**

**M10000002269**


**Thank you!**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit                      | <input checked="" type="checkbox"/> <b>Amendment</b> | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                   |  |   |
| <input type="checkbox"/> Foreign                     | <input type="checkbox"/> Dissolution/Withdrawal      | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement               |   |
| <input type="checkbox"/> Limited Partnership         | <input type="checkbox"/> Annual Report               | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> <b>LLC</b>       | <input type="checkbox"/> Name Registration           |   |
| <input checked="" type="checkbox"/> <b>Amendment</b> | <input type="checkbox"/> Fictitious Name             | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy              | <input type="checkbox"/> Photocopies                 | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready             | <input type="checkbox"/> Call If Problem             |   |
| <input checked="" type="checkbox"/> Walk In          | <input type="checkbox"/> Will Wait                   | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                    |  |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

2/4/2016

**ST**

Order#:  
**70595429**

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Esecuritel Agency, 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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

Stephen.Bracy@brightstarcorp.com

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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:**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

CR2E055 (12/14)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Esecuritel Agency, LLC
2. The Florida document number of this limited liability company is: M10000002269
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 05/19/2010

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

5. New name of the limited liability company: Brightstar Agency, LLC  
(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 office 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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
Enter Florida Street Address

\_\_\_\_\_, **Florida** \_\_\_\_\_  
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.*

\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

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

\_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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.

Timothy Kristof  
Signature of the authorized representative

Timothy Kristof  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "ESECURITEL AGENCY, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "BRIGHTSTAR AGENCY, LLC" ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 2016, AT 1:47 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



  
Jeffrey W. Bullock, Secretary of State

4646832 8320  
SR# 20160483772

Authentication: 201752386  
Date: 01-29-16

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)