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Division of Corporations Electronic Filing Cover Sheet

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(((H13000173664 3)))



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## COR AMND/RESTATE/CORRECT OR O/D RESIGN BRIGHTSTAR E-PIN SOLUTIONS CORP.

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Corporate Filing Menu

Help

TO: Amendment Section

## **COVER LETTER**

Division of Corporations							
NAME OF CORPO	<sub>RATION:</sub> Brightstar E	-Pin Solutions C	Corp.				
DOCUMENT NUM	BER: P0200007995	4					
	of Amendment and fee are sub						
Please return all corre	espondence concerning this mat	ter to the following:					
	R Feinglas						
		Name of Contact Person					
	Brightstar Corp.						
		Firm/ Company					
	9725 NW 117th A	venue, #300					
		Address					
	Miami, FL 33178						
		City/ State and Zip Code					
	E-mail address: (to be us	ed for future annual report	notification)				
	•		<b>-</b>				
For further information	on concerning this matter, pleas	se call:					
RFeinglas		at (305	921-1129				
Name	of Contact Person	at (305 921-1129  Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:							
■ \$35 Filing Fee □S43.75 Filing Fe Certificate of Sta		☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Cortified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

## Articles of Amendment to Articles of Incorporation

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Brightstar E-Pin Solutions Corp	p.		
(Name of Corporation as currenth		Sinte)	-
Brightstar E-Pin Solutions Corp		· · · · · · · · · · · · · · · · · · ·	
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607,1006, Flor its Articles of Incorporation:	rida Statutes, this <i>Florida Profit (</i>	Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the	corporation:		
E-Pin Solutions Corp.		·	_The new
name must be distinguishable and contain the w "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A profess	or "incorporated" or the a signal corporation name must	boreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A		······	AUG T
		<del></del>	16 -5 TEE
	···		
C. Enter new mailing address, if applicable;			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u></u>		÷
	·	· · ·	 - မ
	<del></del>		-
D. If amending the registered agent and/or regis	stored office address in Florida.	enter the name of the	
new registered agent and/or the new register	ed office address:		
Name of New Registered Agent			
		<del></del>	
	(Florida street address)		
New Registered Office Address:	(Cin)	, Florida(Zip Code)	-
	1=-97	(zip coat)	
New Registered Agent's Signature. If changing I hereby accept the appointment as registered agen	Registered Agent: et. I am familiar with and occept	the obligations of the position,	
Cionatura d	Filmy Paristaned Sasus (Cabaya)		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first latter of the office title:

P = President; Y= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee: C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X_Change	PT John	n Doe	
X Remove	Y Mik	e <u>Iones</u>	
X Add	SY Sali	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change			9725 NW 117th Avenue, #300
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	······································	<del></del>	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add	<del></del>		
Remove		•	

If amonding or adding additional Articles, onter change(s) here: (Attach additional sheets, if necessary). (Be specific)									
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	<del> </del>					·			
-		·							
if.a	nn amendin ravisions fo (If not ap	ent provid r impleme plicable, in	es for an exenting the am	chance, recl endment if	assification not contain	or cancella and in the an	tion of issue lendment its	d shares, clf:	
			<u>.                                    </u>		<del></del>			· · · · · · · · · · · · · · · · · · ·	
					<del></del>				
		<u></u>	<del></del>						
								***	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cost for the amendment(s) was/were sufficient for approval	
by** (valing group)	
(wing group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Daied August 5, 2013	
Signature	<del></del>
(By a director, president or other officer— if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Raul Marcelo Claure	
(Typed or printed name of person signing)	<del></del>
Director /	
(Title of person signing)	<del>-</del>