P1800000 7462

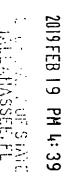
(Re	questor's Name)	
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C. GOLDEN FEB 2 2 2019

COVER LETTER

Division of Corporations	2		•	
NAME OF CORPORATION:	PAWN	STAR	- INC.	
NAME OF CORPORATION: PANN STAR INC. DOCUMENT NUMBER: P1800000 7462				
The enclosed Articles of Amendmen	t and fee are submitted for	filing.		
Please return all correspondence con	cerning this matter to the fo	ollowing:		
(JUNISI	TIAN ,	KSTAR	
	Name of	Contact Person	_	
		n/ Company	SE DAIVE	
MEN	UTIT	Address Is CA	,FC 3295	
CHRI	STIAN@ 1	PROSTAN	usA com	
E-mail ad	ldress: (to be used for future	e annual report notific	cation)	
For further information concerning th	nis matter, please call;			
CUNISTIAN	STALL	at (32/)	403 8888	
Name of Contact Pers	ion	Area Code & I	Daytime Telephone Number	
Enclosed is a check for the following	amount made payable to the	he Florida Departmen	i of State:	
	ate of Status Certifie	ed Copy Conal copy is Cod) (A	52.50 Filing Fee ertificate of Status ertified Copy Additional Copy s enclosed)	
Mailing Address Amendment Section Division of Corpor P.O. Box 6327		Street Addre Amendment S Division of C Clifton Build	Section forporations	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment

to

Articles of Incorporation

FILED

$() \land \dots \frown \land$	of	الموال معال المال
PHWN STAM	LINC	2019 FEB 19 PM 4: 3
(Name of Corporati	on as currently filed with the Florida Dept. of	State)
	P1800000 7462	OF STAT
(Docum	nent Number of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Floridates Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts	s the following amendment(s) to
A. If amending name, enter the new name of the co	moration:	
BEACU S	TAN INC.	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	" "Inc," or "Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADL</u>		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	NERRITT I	OUR STONE ON TS FLORTOA 32952
D. If amending the registered agent and/or register	ed office address in Florida, enter the name of	f the
new registered agent and/or the new registered		<u></u>
Name of New Registered Agent	(Florida street address)	
New Registered Office Address:	. Fic	orida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of t	the position.
Sign	ature of New Registered Agent, if changing	

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 letter of the office title:

P = President; V = 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.

X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change Add Remove		
2) Change Add Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
Change		
Add		
Remove		
Change		
Add		
Remove		

E. If amend (Attach ad	ing or adding additional Articles, enter change(s) here: Iditional sheets, if necessary). (Be specific)
	NA
provisio	endment provides for an exchange, reclassification, or cancellation of issued shares, and for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed as the
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 cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting 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.	
Dated	
Signature	
(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) CMCISTIAN / STA	An
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)