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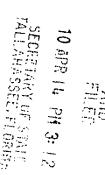
(Requestor's Name)					
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PICK-UP WAIT MAIL					
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: AFRICAN GAME INDUSTRIES, INC. Name of Corporation
DOCUMENT NUMBER: <u>\$\rangle 99000031678</u>
The enclosed Statement of Change of Registered Office/Agent and fec are submitted for filing.
Please return all correspondence concerning this matter to the following:
CRAIG BALLARD Name of Contact Person
Name of Contact Person
AFRICAN GAME INDUSTRIES, INC Firm/Company
PO BOX 161145 Address
FT WORTH, TX, 76/6/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CRAIG BALLARD at (850) 439 9944 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	ige is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida State on organized under the laws of the State of Flor or registered agent, or both, in the State of Flor	LURIDA
1. The name of th	ne corporation: AFRICAN	V GAME INDUSTRIES, INC	
2. The principal of	office address: 2512 N	E LOOP BRO, SUITE B, FT	WORTH,
	TX, 76	106	
3. The mailing ad	ldress (if different): Po B	BOX 161145 , FT WORTH , TX	76/6/
4. Date of incorpo	oration/qualification: APRIL	7, 1999 Document number: P9900	0031678
	street address of the current reg ment of State: (If resigned, enter	gistered agent and registered office on file with ter resigned)	he
	CRAIG BALLA	RD	
	3111 BRITTAN)	Y TERRACE	SECRE
	PENSACOLA ,	FL ,32504	TARSS TAR
6. The name and (if changed):	Ç.	ered agent (if changed) and /or registered office	PH 3: 12
	DENIS A BRA	9SLOW	A state of the sta
	917 NORTH 12	O. Box NOT acceptable	
		, 32501	
The street address as changed will	ss of its registered office and t be identical.	the street address of the business office of its r	egistered agent,
Such change was authorized by the	s authorized by resolution dul- e board, or the corporation has	y adopted by its board of directors or by an of s been notified in writing of the change.	ficer so
	of an officer or director	CRAIG BALLARD - P. Printed or typed name and title	RESIDENT
I hereby accept	the appointment as registered	agent and agree to act in this capacity. of all statutes relative to the proper and compl of the obligation of my position as registered a unge in the registered office address, I hereby s change.	
		4-12-10	
· ·	ature of Registered Agent	Date	
If signing on bet DEN ATT	Talfofan entity: IS A. BRASLOW ORNEY AT LAW		
PENS	ACOLA, FE 32501 * * * FII	 LING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314