Requester's Parle

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	1.		
	((poration Name) (Document #)	.,
	2	poration Name) (Document #)	,
	3	Poration Name) 400002391944- (Document #) -01/07/38-01005	8.
		******35.00 ******	35.00
	4((poration Name) (Document #)	
	Walk in	Pick up time Certified Copy	
	Mail out	Will wait Photocopy Certificate of Status	
	NEW FILINGS	AMENDMENTS 22 29	
	Profit	Amendment 2 Amendment	_
	NonProfit	Resignation of R.A., Officer/ Director	要が
	Limited Liability	Change of Registered Agent	隔
	Domestication	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal	
	Other	Merger ω	
apra pra	Secretaria de la compansión		
	OTHER FILINGS	REGISTRATION/	
	Annual Report	QUALIFICATION ()	
	Fictitious Name	Foreign	
	Name Reservation	Limited Partnership	
		Reinstatement	
		REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark	
		Other	

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 1, 1997

FLORIDA GAMING CORPORATION 1750 S. KINGS HWY FT. PIERCE, FL 34945-3094 US

SUBJECT: FLORIDA GAMING CORPORATION

Ref. Number: 836764

SUBJECT: FLORIDA GAMING CORPORATION

Document #: 836764 7/28/76

Our records indicate the registered agent for the above named corporation resigned on November 24, 1997 and that this corporation currently does not have a registered agent designated.

Pursuant to Florida Statutes 607, this office is required to give 60 days notice of our intent to revoke the certificate of authority of a foreign corporation authorized to transact business in Florida for failing to appoint and maintain a registered agent.

This letter is your notice of our intent to revoke the above named corporation's certificate of authority to transact business in Florida 60 days from the date of this letter if a registered agent is not properly designated.

Enclosed is a registered agent designation application for you to complete and return with the filing fee of \$35.

If you should need any further information, please contact our office at (850) 487-6050.

Carol Mustain Corporate Specialist Division of Corporations

Letter Number: 697A00056617

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Florida Department of State, Sandra B. Mortham, Secretary of State

* * * FILING FEE: \$35.00 * * *

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

Pursuant to the	ue provisions of sections 607.0502, 617.0502, 607.1508, or 617.1	508, Florida Statutes,
=	d corporation organized under the laws of the State ofDel	
submits the foll	llowing statement in order to change its registered office or regist	ered agent, or both, in
the State of Flo	·	
1. The name of	f the corporation is: Florida Gaming Corporation	
2. The mailing	address of the corporation is: 3500 N.W. 37th Avenue	
L	Miami, Florida 33142	
3. Date of inco	orporation/qualification: 7/28/76 Document number	er: <u>836764</u>
4. The name an	nd address of the current registered agent and office: Resigned:	
,	Wilbur Brewton	- 14 110 100
	225 South Adams St. Suite 250	
	Tallahassee, Florida 32302	
5. The name an	nd address of the new registered agent and office: (P. O. Box Not A	- Acceptable) ∯≅ ⊆
	Timothy L. Hensley	<u> </u>
	3500 N.W. 37th Avenue	- STATE STATE
	Miami, Florida 33142	_
	ress of its registered office and the street address of the business of the dentical.	
Such change we authorized by t	vas authorized by resolution duly adopted by its board of directorities board.	s or by an officer so
		2/19/97
(Signatuse	of an officer, chai/man or vice chairman of the board)	(Date)
W.B. Col		2/19/97
Havina heen ne	(Printed or typed name and title)	. (Date)
corporation, I I I further agree	amed as registered agent and to accept service of process for the hereby accept the appointment as registered agent and agree to a to comply with the provisions of all statutes relative to the proper f my duties, and I am familiar with and accept the obligation of the control	act in this capacity. er and complete
	Inser Mendey 12/19/9	7
(5	Signature of Registered Agent) (Date)	
If signing on behal	alf of an entity:	* <u>*</u> .
	(Typed or Printed Name) (Capac	itv)
`	Capac	

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