(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



300241168623

11/13/12--01019--015 **43.75

12 NOV 13 PH 6: 57
SECRETARY OF STATE
ALLAHASSEE FLANK



COVER LETTER

TO:	Amendmen Division of	nt Section f Corporations	Coinma	otor I I	SA Inc		
SHR	JECT:		Coinma	ster Us	SA IIIC.		
GUD	ECT		F04000	00022	ation) 55		
DOC	UMENT N	JMBER:					
	e return all c		tion and fee are s concerning this m				
	Tri-	County E	ntertainn	of Person) nent Ir	nc		
			(Firm	/Company)			
204 Rosella Court							
			(A	ddress)			
	Saint Augustine, FL 32086						
			(City/State	e and Zip co	ode)		
For fi	urther inform	ation concerning	this matter, plea	se call:			
	ul A. C	_	· -	407	, 415 7934		
Enclo	,	ame of Person) k for the amoun			Code & Daytime Telephone Number)		
Ţ}\$3	5 Filing Fee	\$43.75 Filin Certificate o	(Add	75 Filing Fed fied Copy litional copy losed)			
	An Div P.C	AILING ADDR nendment Section vision of Corpora D. Box 6327	n ations		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL, 32301		

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA Coinmaster USA Inc.

FILING FEE \$35