F06000005736

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DEFARTATE OF STATE
NVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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C.COULLIETTE
AUG 17 2011
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE: 879807

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: August 15, 2011

ORDER TIME : 11:50 AM

ORDER NO. : 879807-004

CUSTOMER NO: 7276676

CHANGE OF AGENT

NAME: KONAMI GAMING, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, unge is submitted for a corporation organiz er to change its registered office or register		is	
	the corporation: KONAMI GAMING, I			
 The name of The principal 	office address: 585 Trade Center Drive	, Las Vegas, NV 89119		
			····	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 09/05/2006	Document number: F06000005736		
	d street address of the current registered age rtment of State:	ent and registered office on file with the		
	Eugene Pollingue Jr., Fox & Rothsch	hild, LLC	•	<u></u>
	Esperante Bldg, 222 Lakeview Ave,	Suite 700	FI AU	
	West Palm Beach FL 33401		AUG 17	STATE OF THE STATE
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered office	PH 9:	Y OF STA
	Corporation Service Company		6	
	1201 Hays Street			774
	(P.O. Box NOT acceptable)			
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the street ac be identical.	ddress of the business office of its registere	d age	nt,
Such change was authorized by the	as authorized by resolution duly adopted less board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.		
Draw	ire of an officer or director)	Grace Kirby, Asst. VP		_
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statut d I am familiar with and accept the oblign filed merely to reflect a change in the been notified in writing of this change.	(Printed or typed name and title) agree to act in this capacity. es relative to the proper and complete perf ation of my position as registered agent. C registered office address, I hereby confirm	ormar Or, if the that t	ıce his he
By:// a	on Service Company Multiparture of Registered Agent)	08/15/2011 (Date)		
f signing on be	half of an entity:	•		
Maurcen Cath	ell, Vice President			
T)	yped or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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