



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: KONAMI GAMING, INC.
Ref. Number: F06000005736

We have received your document for KONAMI GAMING, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 923A00026752

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2023 NOV 28 PM 12:38

RECEIVED

2023 NOV 28 PM 4:47

SECTION OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

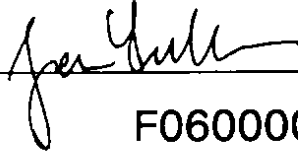
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$35.00

Authorization Signature:



:

KONAMI GAMING INC

F06000005736

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☒ **x Amendment**

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

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OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: KONAMI GAMING, Inc
Name of Corporation

DOCUMENT NUMBER: FO600000 5736

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Pollard
Name of Contact Person

KonAMI Gaming Inc
Firm Company

585 KONAMI CIRCLE
Address

Las Vegas NV 89119
City State and Zip Code

Mike Pollard 3030 Gmail.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Pollard at (904) 3769763
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$5.35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6227
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I
(MUST BE COMPLETED)
FCG000005736

KonAMI GAmings Inc

(Document number of corporation (if known))

1. KonAMI GAmings Inc

(Name of corporation as it appears on the records of the Department of State)

2. Nevada

(Incorporated under laws of)

3. 09-05-2006

(Date authorized to do business in Florida)

SECTION II

(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address _____

(City)

Florida _____

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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9. If the amendment changes person, title or capacity in accordance with 607.1504(4), indicate that change:

Title, Capacity	Name	Address	Type of Action
PDI	Michael Pollard	585 KonAMI Circle Las Vegas NV 89119	☒ Add ☐ Remove
20, D, PT	Sutherland Stephen	585 KonAMI Circle Las Vegas NV 89119	☐ Add ☒ Remove
, D, ExPS	Jingoli Thomas A	585 KonAMI Circle Las Vegas NV 89119	☐ Add ☒ Remove
DC	Higashio Kim, Hiko	585 KonAMI Circle Las Vegas NV 89119	☐ Add ☒ Remove
mgm	Sutherland Stephen	585 KonAMI Circle Las Vegas NV 89119	☒ Add ☐ Remove

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10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Mr. President Jouno

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael Pollard

(Typed or printed name of person signing)

Owner President

(Title of person signing)

FILING FEE \$35.00