Division of Corporations Electronic Filing Cover Sheet

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(((H23000178372 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)298-0845 Fax Number : (614)573-3996

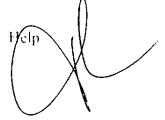
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

COR AMND/RESTATE/CORRECT OR O/D RESIGN GLOBAL PAYMENTS GAMING SERVICES, INC.

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | <u> </u> |
| Page Count | 03 |
| Estimated Charge | \$43.75 |

Electronic Filing Menu

Corporate Filing Menu



From: David Thomas

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 (1-3 MUST BE COMPLETED)

| | F10000002152 | |
|---|---|-----------------------------------|
| | (Document number of corporation (if known) | |
| 1. Global Payments Gaming Services, Inc. | | |
| | ration as it appears on the records of the Department of S | Gate) |
| 2. Illinois | 3. 05/05/2010 | |
| (Incorporated under laws | | business in Florida) |
| | SECTION II | |
| (4-7 CO | MPLETE ONLY THE APPLICABLE CHANGES) | |
| 4. If the amendment changes the name of the co | rporation, when was the change effected under the laws of | of its jurisdiction of |
| incorporation? April 4, 2023 | | |
| 5. Pavilion Payments Gaming Services, In- | C. | |
| (Name of corporation after the amendment, a not contained in new name of the corporation | dding suffix "corporation," "company," or "incorporated | ," or appropriate abservation, it |
| not contained its new tarme of the corporation | '' | A H |
| (If new name is unavailable in Florida, enter a | dternate corporate name adopted for the purpose of trans- | acting business in Florida) |
| | | 2 |
| 6. If the amendment changes the period of | duration, indicate new period of duration. | Sign # |
| | | الله الله الله |
| *************************************** | (New duration) | 00 FL |
| 7. If the amendment changes the jurisdiction | n of incorporation, indicate new jurisdiction. | |
| | (New jurisdiction) | |
| | | |
| If amending the registered agent and/or re new registered agent and/or the new regist | gistered office address in Florida, enter the name of t | <u>he</u> |
| | | |
| Name of New Registered Agent | | |
| | (Florida street address) | |
| | (raman sireet address) | |
| New Registered Office Address: | (City), Florid | a(Zip Code) |
| | | (mp Coae) |
| New Registered Agent's Signature, if char | iging Registered Agent: Lagent. I am familiar with and accept the obligations of | f the position. |
| Thereby accept the appointment is registered | agoni - cum juminum man unu ucceja me amiguatana aj | www.youthoon |
| Signature of New Registers | rd Agent, if changing | |

DocuSign Envelope ID C2448DEA-E204-4897-A948-7F5CDCA357DB

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

2023-05-12 14:35:30 CST

| Title/ Capacity | <u>Name</u> | Address | Type of Action | |
|---|--|--|---|-----------------|
| Secretary | LJ Williams | 3550 Lenox Rd , Suite 3000 | □Add | |
| | | Atlanta, GA 30326 | ÆRemove | |
| Secretary | Christopher Justice | 7201 W Lake Moad Blvd, STE 501 | ⊠Add | |
| | | Las Vegas. NV 89128 | Cromove | |
| ressure: Vice President Jefferson C. Weekley | Jefferson C. Weekley IV | 7201 WiLake Mead Blvd, STE 501 | \B Add > | |
| | | Las Vegas, NV 89128 | DZ3 HAY | T |
| Director LJ Williams | LJ Williams | 3550 Lenox Rd , Suite 3000 | 2023 HAY 12 AM 9: 00 | |
| | Atlanta, GA 30326 | 9: 00 Semque (| | |
| Director | Jefferson C. Weekley IV | 7201 W Lake Mead Blvd, STE 501 | ⊠Add | |
| | | Las Vegas, NV 89128 | | |
| Attached is a confidence of the application of the laws | rentificate or document of similar import, even to the Department of State, by the Secreta of which it is incorporated. (Link Justice | ridencing the amendment, authenticated a try of State or other official having custod | not more than 90 days prior to del y of corpotate records in the jurisdi | ivery iction |
| | 4-B9F73502D341Du. 3 of a direction | or, president or other officer - if in the ha | nds of | |
| | Christopher Justice | • • | หก <mark>d Secretary</mark> | |
| (| (Typed or printed name of person signing) | (Title of pe | erson signing) | |

File Number

6069-926-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

PAVILION PAYMENTS GAMING SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 28, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this IITH day of MAY A.D. 2023.

Authentication #: 2313102528 verifiable until 05/11/2024. Authenticate at. https://www.ilsos.gov

SECRETARY OF STATE