Division of Corporations Electronic Filing Cover Sheet

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(((H16000124010 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842 : (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE IGT (INC)

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

COVER LETTER

	nent Section of Corporations	•••
SUBJECT:	(INC)	
	Name of Corp	poration
DOCUMENT N	F92000000682 (UMBER:	
The enclosed Sta	stement of Change of Registered Office//	Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
,	Amanda Jackson	
	Name of Conta	ct Person
	CT Corporation System	
	Firm/Com	pany
	155 Federal Street Suite 700	
	Addres	S
	Boston, MA 02110	
	City/State and	Zip Code
r	E-mail address: (to be used for futu	re annual report notification)
For further infor	mation concerning this matter, please cal	1:
Amanda Jackson	•	at ()
N	ame of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Departme	ent of State.
	Malling Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of cha	ange is submitted for a corporation orga	002, 007.1508, or 617.1508, Florida Slatute unized under the laws of the State of <u>Novada</u> stered agent, or both, in the State of Florida		•	
1. The name of	the corporation: IGT (INC)				
2. The principal	office address: 6355 SOUTH BUFFALC	DRIVE LAS VEGAS, NV 89113			_
	address (if different): 6355 South Buffalo AS, NV 89113	Drive ATTN: JILL P REITH			
4. Date of incorp	poration/qualification: 12/14/1992	Document number: F92000000682			_
5. The name and		agent and registered office on file with the			
	NRAI SERVICES, INC				
	1200 South Pine Island Road				
	Plantation, FL 33324				
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	E.	16 MA)	
	C T Corporation System			MAY 19	
	c/o C T Corporation System, 1200 South	Pine Island Road		70	ŗ
	P.O. Box NO Plantation, Florida 33324	T acceptable	를 50 도쿄		`
The street addre		t address of the business office of its regist	erêd agen	<u>5</u> 1	
Such change was authorized by th	is authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by an officer officed in writing of the change.	80		
Keneer	June	Kendra Jesus Vice President			
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered agent at o comply with the provisions of all sta my duties, and I am familiar with a s document is being filed merely to ref that the corporation has been notified	rimed or type limit the same and to act in this capacity. It is relative to the proper and complete accept the obligation of my position as reglect a change in the registered office addressin writing of this change.	istered ess, I		
	poration System	5/16/2016			
	nature of Registered Agent	Date			
Lisas	half of an entity: A foel VP pod or Primed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEB, FL 32314
CR2E045 (03/12)