

F94 000000 254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

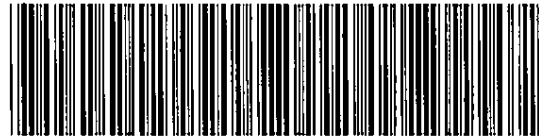
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



900417973839

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 NOV 17 PM 3:43

RECEIVED

(Handwritten initials)

FLORIDA CAPITAL COURIER SERVICES, INC.

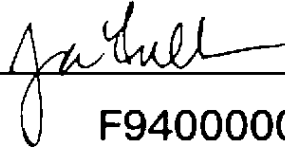
2330 CLARE DR

TALLAHASSEE, FL 32309

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

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

Authorization Signature: _____ :



LNW GAMING INC

F94000000354

BUSINESS NAME

DOCUMENT #

Certified Copy

Certificate of Status

NEW FILINGS

Profit Corp

Not for Profit

Limited Liability

Domestication

LLLP

CORP

Other

Other

AMMENDMENTS

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

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: LNW GAMING INC
Name of Corporation

DOCUMENT NUMBER: F94000000354

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

LNW GAMING INC
Firm/Company

6601 BERMUDA RD
Address

Las Vegas NV 89119
City/State and Zip Code

Mike Pollard 30305 mwp@kcm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

Enclosed is a check for the following amount:

- \$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 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 510
Tallahassee, FL 32303

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)

994000000354

(Document number of corporation (if known))

1. LNW GAMING INC
(Name of corporation as it appears on the records of the Department of State)

2. Nevada (Incorporated under laws of) 3. 01-25-1994 (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: _____ Florida _____
(City) (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

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PDT</u>	<u>Lane, Siobhan</u>	<u>6601 BERMUDA, RD</u>	<input type="checkbox"/> Add
		<u>Las Vegas, NV 89119</u>	<input checked="" type="checkbox"/> Remove
<u>PDT</u>	<u>Michael Pollard</u>	<u>6601 BERMUDA</u>	<input checked="" type="checkbox"/> Add
		<u>RD, Las Vegas, NV 89119</u>	<input type="checkbox"/> Remove
<u>MGM</u>	<u>Lane Siobhan</u>	<u>6601 BERMUDA</u>	<input checked="" type="checkbox"/> Add
		<u>RD Las Vegas NV 89119</u>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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. O'Connell President
 (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 oano
 (Typed or printed name of person signing)

O'Connell President
 (Title of person signing)

FILING FEE \$35.00