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AND AHASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: Vegas Games IV LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jerry Decker (Name of Person)
24830 S. Tamiami Trail #1900 (Firm/Company)
(Address)
Bonita Springs, FL 34134 (City/State and/Zip Code)
For further information concerning this matter, please call:
Terry Decker at (239) 826 7040 (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
■ \$25 Filing Fee & Certified Copy

INHS18 (8/05)

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Vegas Games IV LLC
2. The mailing address of the limited liability company is: 24830 5 Tamiami Trail
Suite 1900 \ 2000, Bonita Springs, FL 34134
12 11 2 006
5. The name of the registered agent and the registered office address as shown on the records of the
Florida Department of State: Clarey D. Zingler Name //29 Van Leon Com Cir # 105 Address Cape Coral FL 33909 US City, State and Zip 6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:
Name 24830 S. Tamiami trail 1900 Florida street address (P.O. Box NOT acceptable) Bourta Springs FL 34134 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized depresentative of a member)
Clarey D. Zingler (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent) Division of Corporations P.O. Box 6327 Tallahassaa FI 32314

FILING FEE: \$25.00

INHS18 (8/05)

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