L'/200005/192

| (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: | | | |
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Office Use Only



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Statement of Change of Registered Office or Registered Agent or Both for Limited **Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

3/12/2014 **FLORIDA**

REP UNIT:

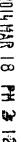
FLORIDA GAME PROMOTIONS,

LLC

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #24814 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



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

| Pursuant to the provisions of sections 605.0114, Flor company submits the following statement in order to ch both, in the State of Florida. | rida Statutes, the undersigned limited liability ange its registered office or registered agent, or |
|---|---|
| both, in the State of Florida. FLO | RIDA GAME PROMOTIONS, LLC |
| Name of the limited liability company: | |
| 2. (a) Principal office address of limited liability compa | nv 129 W. Broadway |
| (Note: MUST BE STREET ADDRESS) | Anadarko, OK 73005 |
| | 22 |
| (b) Mailing address of limited liability company: | Port Orange FL 32129 |
| (Note: MAY BE POST OFFICE BOX) | Port Orange, FL 32129 |
| | <u>(25)</u> |
| 4/17/2012 | L12000051792 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | n the records of the Florida Dept. of State: |
| Registered Agent: | Mathis & Murphy, P.A. |
| Registered Office Address: | 1200 Riverplace Blvd |
| _ | Ste. 902 |
| | Jacksonville FL 32207 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> | EW Registered Office address: |
| NEW Registered Agent: | Capitol Corporate Services, Inc. |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 155 Office Plaza Dr Ste A |
| | Tallahassee FL 32301 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwhee operating agreement of the limited liability company. Signature of a member or authorized representative of a member | Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of wise provided in the articles of organization or |
| UNASE IDUNS Printed or typod name of signer | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part of it is an amiliar with and accept the obligations of my part of the part of | agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in parties provided for in parties of the capacity reflect a change in the registered office my has been notified in writing of this change. Case, Assistant Secretary on |
| | Case, Assistant Secretary on Capitol Corporate Services, Inc. |
| Division of Corporations, P.O. Box 6 | |
| FILING FEE: | |

INHS18 (12/13)