14000184096

(Re	questor's Name)		
(Ad	dress)		
. (Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2015 T. CARTER

COVER LETTER

то:	O: Registration Section Division of Corporations				
SUBJ	ECT:	Gaming	Mutters Name of Lin	LLC nited Liability Comp	anv
			, , , , , , , , , , , , , , , , , , , ,		<i>-</i>
Dear S	Sir or Madam:				
The er	nclosed Registe	ered Agent/Regist	ered Office Char	nge and fee(s) are sub	omitted for filing.
Please	return all corr	espondence conce	erning this matte	r to the following:	
	Joseph	Fisht. Name of Person	^6 /		
	Gamin	Matter Firm/Compan	^5		
	3539	N Lec	anto Huy		
	Beverly	Hills, FL City/State and Zip	- 344 (55	
I	GAM'NG	matters. (10 be used for fu	mtg@gme	ort notification)	
For fu	rther informati	on concerning thi	s matter, please	call:	
	Joseph Nam	Frch†ner ne of Person	at (352) 78 Area Code	79 4306 & Daytime Telephone Number
	Registration Division of C Clifton Build 2661 Execut	Corporations	ESS:	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	ction porations
	Enclosed is	a check for the fo	ollowing amoun	t:	
INILICI	\$25 Filing	g Fee Cover Phyl		□ \$55 Filing Fee	& Certified Copy



RECEIVED

15 MAR | | PM 3: 00

FLORIDA DEPARTMENT OF STATE Division of Corporations Tolk of CORPORT OF CORP

January 14, 2015

JOSEPH D FICHTNER GAMING MATTERS LLC 3539 N LECANTO HWY BEVERLY HILLS, FL 34465 US

SUBJECT: GAMING MATTERS LLC

Ref. Number: L14000184096

We have received your document for GAMING MATTERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 815A00000773

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	me of the limited liability company:	LLC
2. (a)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-	Dunnellon, FL 34432:	1 006 101 (6)
3. 5. (a)	Date of filing/registration in Florida Soseph Fisher Registered Agent and Registered Office shown on the records of the Florida Dept. of State 11192 SU 190th Ave Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	Document number
(b)	Dunnellan , FL 34432 Joseph D Fieldhar Enter name of NEW Registered Agent and/or NEW Registered Office address: 3535 N Lecarbo Hry NEW Registered Office Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
the cha agent w	mited liability company is not organized under the laws of the State of Florige or changes are made, the Florida street address of the registered office fill be identical. Or, in the case of a Florida limited liability company, it is	and the business office of the registered shereby confirmed that the change(s)
was/we the arti- Signat I hereborovision the oblito mere	re authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	y company or as otherwise provided in apany. Printed or typed name of signee accity: I further agree to comply with the