Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000402462 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:				
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LLC REGISTERED AGENT CHANGE LOS CT GAMING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

K. SALY

DEC - 6 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

pg 2 of 3

TO:	Registration Section Division of Corporations						
SUBJI	Los CT Gaming, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Change and	1 fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	e following:				
Fril	ka A. Easter						
- 1,117	Name of Person						
	rante of refson						
Unge	erlaw PC/ eMinutes						
	Firm/Company						
	i iiii ceiiipiii,						
11726	San Vicente Blvd., Suite 480						
	Address						
Los A	Angeles, CA 90049						
	City/State and Zip Code						
Etea	m@eminutes.com						
E	-mail address: (to be used for future ann	ual report noti	fication)				
For fur	ther information concerning this matter,	please call:					
Erika	A. Easter	at (310	820-1000				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:				
Registration Section Division of Corporations Clifton Building		Registration Section Division of Corporations					
						O. Box 6327	
			2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:							
	□ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy				
INHS18	8 (2/14)						

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	ime of the limited liability company: Los CT Gamin		
2. (a)	15301 Summerwind Drive, Tampa, Florida 33 Principal office address of limited liability company:	(b)) 16815 Von Karman Ave Suite 190, Irvine, Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	_	(Note: MAY BE POST OFFICE BOX)
	10/07/2024	-	L24000422220
	Date of filing/registration in Florida	4.	Document number
•	- · ·		
. (a)	REGISTERED AGENTS INC. Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State;
	Registered Agent and Registered Office should be the records		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	2
	7901 4TH ST N. STE 300		
	ST. PETERSBURG, FL 33702		702 702
	, FL_		
(b)	eResidentAgent, Inc.		THE CONTRACTOR OF THE CONTRACT
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	dress: ගිනි ර
	115 N Calhoun St Suite 4		2024 DEC -6 PH 5: 12 FALLAHASSEE FLORID
	NEW Registered Office Address:		12
	Tallahassee	2220	
	FL_	3230	JI
he cha igent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	he regis bility co the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
(Eri	rika A. Easter, Authorized Person
_	nture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ve to act performa for in C ereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signate	tre of Registered Avent		