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Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

001555.165163

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : CORPDIRECT AGENTS, INC.
 Account Number : 110450000714
 Phone : (850) 222-1173
 Fax Number : (850) 224-1640

APR 18 2012
 L. SELLERS

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GAMES ETC., LLC

RECEIVED
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Certificate of Status	0
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 TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

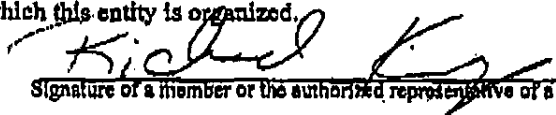
- 1. Name of limited liability company as it appears on the records of the Florida Department of State: Sweepstakes of Florida, LLC doing business in Florida as Games etc., LLC
- 2. Jurisdiction of its organization: Delaware
- 3. Date authorized to do business in Florida: February 1, 2012

SECTION II (4-7 complete only the applicable changes)

- 4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? _____
- 5. New name of the limited liability company: _____
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

- 6. If the amendment changes the period of duration, indicate new period of duration: _____
- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____
- 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: The street address of the principal office of the limited liability company is
970 Lake Carillon Drive, Suite 300, St. Petersburg, FL 33716
- 9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Richard Karp
Typed or printed name of signee

Filing Fee: \$25.00

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SWEEPSTAKES OF FLORIDA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF APRIL, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SWEEPSTAKES OF FLORIDA, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



5058631 8300

120424609

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9499821

DATE: 04-12-12

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