(Requestor's Name)  (Address)  (Address)	800109124448			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	03/10/0701011021 **35.00			
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	TILED  OT SEP 10 AM 9: 16  SELFRE FASSEE, FLORIGA  TALLAHASSEE, FLORIGA			

Office Use Only

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: BMI GAMING, INC (Name of Corporation)
DOCUMENT NUMBER: PO3000 19293
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person)
BMI GAMING, INC.
3500 NW BOXA PATON BUD, 720
BECA RATION, FC 3348[ (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (S61) 302 - 2300 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH . FOR CORPORATIONS

Pursuant to the provisions of secti statement of change is submitted f		under the laws of the	State of FCOLEN	_
			•-	
The name of the corporation:  2. The principal office address:	3500 NW 3 BOCA RATON	OGA HATUN FL 3343	BLUD, Bu	06 720
3. The mailing address (if differen	•			
4. Date of incorporation/qualificat	ion: Feb., 2003	Document number:	Pa300001	9293
5. The name and street_address of Florida Department of State:	the current registered agent	and registered office of	on file with the	
	5			
3500	NW BOCA	Error Bro	D BUILDIN	15-720
Boca	- Porton, Fe	- 73431	70 S	3
6. The name and street address of (if changed):			-66	3 7
	BS, PAUL	C	ASSE	5 [
GACO	•			3 0
<del></del>	(P.O Box NOT acceptable)	× 1112002		5
The street address of its registere as changed will be identical.	d office and the street add	ress of the business of	ffice of its registered	agent,
	t e			
Such change was authorized by rauthorized by the board, or the co	ordoration has been notifie	<b>\</b>	,	. —
(Signature of in outcer of times	<del></del>	(Printed or types	L YOUNG	
I hereby accept the suppointment I further agree to comply with the of my duties, and I am familiar we document is being filed merely to corporation has been potified in	ayregistered agent and as provisions of all statutes ith and accept the obligat reflect a change in the re writing of this change.	rec to act in this cape relative to the proper on of my position as a gistered office addres	acity, and complete perfor registered agent. Or s, I hereby confirm th	mance , if this hat the
Tail lus		9/4/	07	
(Signature of Registered A)	jent)	(Dat	e)	·
If signing on behalf of an entity:	<b></b>		PEMOUE	
TAGE C. TAG (Typed or Printed Name)	CORS	JACOB	SCION, AND	- NEW
_	* * * FILING FEE:		5, P. AS A research	ASAP
MAKE CH MAIL TO: DIVISION	ECKS PAYABLE TO FLORID OF CORPORATIONS, P.O. I	a Department of S Box 6327, Tallahas	rate see, FL 32314	•

CR2E045 (8/05)