## P0300019293

(Re	equestor's Name)		
(Ad	dress)	,	—
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(Cit	y/State/Zip/Phone	#)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	e)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	<del></del>
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: BMI Gaming, Inc. (Name of Co	orporation)
DOCU	MENT NUMBER: P03000019293	1400
The en	closed Statement of Change of Registered Office	/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
	Kristin (Name of Cor	a Lopez
	(Name of Con	nact ( 0.301)
	BMI Ga	ming, Inc.
	(Firm/Co	mpany)
	3500 NW Boca (Addr	Raton Blvd. #720
	(Addi	CSS
	Boca Rat	on, FL 33431
	(City/State an	d Zip Code)
For fur	ther information concerning this matter, please c	all:
	Kristina Lopez	at ( 561 ) 391-7200
	(Name of Contact Person)	at ( 561 ) 391-7200 (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Depart	ment of State.
	Mailing Address:	Street Address:
	Amendment Section Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Taliahassee, FL 32314	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 sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BMI Gaming, Inc.
2. The principal office address: 3500 NW Boca Raton Blvd. #720
Boca Raton, FL 33431
3. The mailing address (if different):
4. Date of incorporation/qualification: February 2003 Document number: P03000019293
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Paul C. Jacobs
3500 NW Boca Raton Blvd. #720
Boca Raton, FL 33431
Boca Raton, FL 33431  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  David L. Young
David L. Young
3500 NW Boca Raton Blvd. #720
(P.O. Box NOT acceptable)  Boca Raton, FL 33431
Boca Raton, FL 33431  The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer of director)  David L Young (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity.  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflectly change in the registered office address, I hereby confirm that the corporation has been notified in-writing of this change.    January 14, 2009 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)