P06000105527

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(Re	equestor's Name)	
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	ty/State/Zip/Phone #)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	
,	• ,	
(Do	cument Number)	
Certified Copies Certificates of Status		
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	FO: Amendment Section Division of Corporations				
SUBJE	ECT: Lucky Game Arcade, Inc.	oration)			
DOCU	UMENT NUMBER: P06000105527				
The end	nclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to t	he following:			
	Perla Calas, Esq. (Name of Contact	Person)			
	Lourdes Corvo, P.A. (Firm/Compa	any)			
15450 New Barn Road, Suite 302 (Address)					
	Miami Lakes, FL 33014 (City/State and Z	p Code)			
For furt	rther information concerning this matter, please call:				
Perla	(Name of Contact Person)	(305) 827-0084 (Area Code & Daytime Telephone Number)			
Enclose	sed is a \$35.00 check made payable to the Departmen	t 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 sections 607.0502, 61 statement of change is submitted for a corporation in order to change its registered office or		ida		
1. The name of the corporation: Lucky Game Ar	cade Inc			
2. The principal office address: 12523 W. Okee	chobee Road, Hialeah Gardens, FL 330	18		
3. The mailing address (if different):				
4. Date of incorporation/qualification: 08/11/200	Document number: P06000105	5527		
5. The name and street address of the current regist Florida Department of State:	ered agent and registered office on file with the	•		
Adolfo Rodriguez				
8741 NW 111 Terrace				
Hialeah Gardens, FL 33	3018	렇;;	_	
6. The name and street address of the new registere (if changed):	ed agent (if changed) and /or registered office	NE CHECK	08 MAR	<u>T.</u>
Milagros Blas		SSE SSE	1	
12523 W. Okeechobee		FLS	2	Ç
Hialeah Gardens, FL 3		RIDA	12: 34	
The street address of its registered office and the as changed will be identical.	street address of the business office of its reg	istered a	gent,	
Such change was authorized by resolution duly a authorized by the board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	cer so		
(Signature of an officer or director)	Milagrus Blas Merinted or typed name and title)	Pre.	<u>S</u> <u>^</u>	
I hereby accept the appointment as registered ag I further agree to comply with the provisions of a of my duties, and I am familiar with and accept to document is being filed merely to reflect a chang corporation has been notified in writing of this co	ent and agree to act in this capacity. Il statutes relative to the proper and complet he obligation of my position as registered ago e in the registered office address, I hereby co hange.	e perforn ent. Or, i nfirm tha	nance if this it the	
(Signature of Registered Agent)	02/29/2008			
If signing on behalf of an entity:	(Date)			
(Typed or Printed Name)				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *