P08000041602

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE

R.A. Change

TB 1-21-19

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Florida Casino Company (Name of Corporation)	on) +		
DOCUMENT NUMBER: P08000041602			
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the for	ollowing:		
Paul LaFounta	ine		
(Name of Contact Per	son)		
Florida Ocalica Oc			
Florida Casino Company (Firm/Company)			
5450 Bruce B. Downs Blvd.			
(Address)			
Wesley Chapel, Florida 33544 (City/State and Zip Code)			
For further information concerning this matter, please call:			
To turner information concerning this matter, please can.			
Paul LaFountaine at (813) 997-5447 Area Code & Daytime Telephone Number)		
(Name of Contact Person) (F	Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of	State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

· TO:

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

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.	
Florida Casino Company I. The name of the corporation: Florida Casino Company Florida Casino Cas	
2. The principal office address: 5450 Bruce B. Downs Blvd.	
Wesley Chapel, Florida 33544	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 4/24/08 Document number: P08000041602	
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)	
- Keirnan Quinn	
Wesley Chapel, FL 33544 6 The name and street address of the new registered agent (if chapped) and for registered office of the name and street address of the new registered agent (if chapped) and for registered office of the new registered agent (if chapped) and for registered office of the new registered agent (if chapped) and for registered office of the new registered agent (if chapped) and for registered agent (if chapped) and for registered office of the new registered agent (if chapped) and for registered agent (if chapped).	<u></u>
(if changed):	ロフ
Paul LaFountaine FLORIDE 55	
5331 Treig Lane	
(P.O. Box NOT acceptable)	
Wesley Chapel, Florida 33545	
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 introduced has been notified in writing of the change.	
Paul LaFountaine, CEO (Signature of an officer or director) (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 reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
(Signature of Registered gent) 1/9/09 (Date)	
If signing on behalf of an entity:	
Paul LaFountaine (Typed or Printed Name)	

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