P22937

(Requestor's Name)		
(Address)		
(Address)		
(values of		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
,		
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Special Instructions to Filing Officer:		

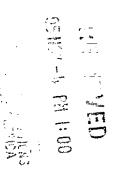
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SECRETARY OF STATE
SECRETARY OF STATE



11/4/05



H SERVICE COMPANY.	
ACCOUNT N	0. : 072100000032
REFEREN	CE : 686344 7485093
AUTHORIZATI	ON : Talain tant
COST LIM	IT : \$ 35.00
ORDER DATE : November 2, 2	005
ORDER TIME : 10:48 AM	
ORDER NO. : 686344-030	
CUSTOMER NO: 7485093	
NAME: ARISTOCRAT	TECHNOLOGIES,
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Troy Todd	
	EXAMINER'S INITIALS:

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

statement of change	e is submitted for a corporation organiz	, 607.1508, or 617.1508, Florida Statutes, this seed under the laws of the State of Nevada seed agent, or both, in the State of Florida.
		•
	corporation: ARISTOCRAT TECHNO	
2. The principal off	ice address: 7230 Amigo Street, Las Ve	gas, NV 89119
		35
3. The mailing addr	ress (if different):	
4. Date of incorpora	ation/qualification: 02/10/1989	Document number: P22937
5. The name and str Florida Departme	reet address of the current registered age ent of State:	ent and registered office on file with S
C,	T Corporation System	
12	00 South Pine Island Road	SEP PE
Pl	lantation, FL 33324	Wolf-
6. The name and str (if changed):	reet address of the new registered agent	(if changed) and /or registered office
Co	orporation Service Company	
12	01 Hays Street	
	(P.O. Box NOT acceptable)	
Ta	allahassee, FL 32301	
The street address of as changed will be	of its registered office and the street a identical.	ddress of the business office of its registered agent,
Such change was a authorized by the b	uthorized by resolution duly adopted board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.
Macc1	entulla	Maureen Cullen, Attorney in Fact
1	an officer or director)	(Printed or typed name and title)
I juriner agree to co of my dutics, and I document is being j corporation has be	appointment as registered agent and omply with the provisions of all statut am familiar with and accept the obligifiled merely to reflect a change in the en notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Corporation Ser	rvice Company	11/02/2005
• (1144)	re of Registered Agent)	(Date)
If signing on behalf	f of an entity:	
Elizabeth A. Dawson	n, Asst. Vice President	
(Typed	d or Printed Name)	<u> </u>

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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