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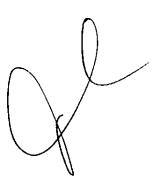
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Native American Lottery Corporation DOCUMENT NUMBER: P23000002417 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: David White Name of Contact Person Native American Lottery Corporation Firm/ Company 7777 Glades Road Suite 100 Address Boca Raton, FL 33434 City/ State and Zip Code davidwhite@gamesoftcorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (561) 543 1814

Area Code & Daytime Telephone Number David White

Mailing Address

S35 Filing Fee

Name of Contact Person

Enclosed is a check for the following amount made payable to the Florida Department of State:

□\$43.75 Filing Fee &

Certificate of Status

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

☐\$43.75 Filing Fee &

(Additional copy is enclosed)

Certified Copy

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

Native American Lottery Corporation

(Name of Corporat	ion as currently file	d with the Florida De	pt. of State)		
P23000002417					
(Docu	ment Number of Cor	poration (if known)	·		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Flori</i>	da Profit Corporation (adopts the foll	owing amen	dment(s) t
A. If amending name, enter the new name of the c	corporation:				
				The	new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association." or the abbr	," or "Co". A pro	any," or "incorporated fessional corporation	or the abbre name must co	viation "Cor	p., "
B. Enter new principal office address, if applicabl	e:			HA	- H
(Principal office address MUST BE A STREET AD			:-	. <u>.</u>	- E - 350
	_			η. <u>σ</u>	-553
				Se H	
C. Enter new mailing address, if applicable:				To 9	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			<u> </u>	
					_
	_				_
D. If amending the registered agent and/or registe	ered office address i	n Florida, enter the na	ıme of the		
new registered agent and/or the new registered	l office address:				
Name of New Registered Agent					
-					
	(Florida street ad	ldress)			
V n			E ' '		
New Registered Office Address:	(City)		_, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Re					
hereby accept the appointment as registered agent.	I am familiar with a	ind accept the obligatio	ns of the posit	ion.	
Sien	iature of New Revista	ered Agent, if changing			
·					
Check if applicable					

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u> 1'T</u>	John Doe	~
X Remove	$\underline{\mathbf{V}}$	Mike Jones	2023 HAR 30
X Add	<u>sv</u>	Sally Smith	MAR OF
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address Address Address
1) Change	P	David White	7777 Glades Road, Suite 100 Porte
Add			Boca Ration : FZ
X Remove			33434
2) Change	Р	James Marinakis	7777 Glades Road, Suite 100 Bases
X Add			Bora Ration, FL
Remove 3) Change			33434
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		.	
Add			
Remove			
6) Change		_	
Add			
Remove			

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in amendment provides for an exchange, reclassification, or cancellation of issued shares.		
ovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
 		—
		_

The date of each amendment(s) add date this document was signed.	option:	_, if oth	er than
Effective date if applicable:			
Enterive date <u>n appireable</u> .	(no more than 90 days after amendment file date)		
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will artment of State's records.	not be li	sted as
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were adopted action was not required.	ted by the incorporators, or board of directors without shareholder action and	sharehole	ier
☐ The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes cast for the amendment(s) ficient for approval.		
must be separately provided for e	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): or the amendment(s) was/were sufficient for approval	2023 HAR 30 AM 9: 36	
David White	or the amendment(s) was/were sufficient for approval	, 33	: :===== :
Signature (By a diresclected.	(voting group) (voting group) ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	AM 9: 36	
	David White		
-	(Typed or printed name of person signing)		_
F	resident		

(Title of person signing)

the

the