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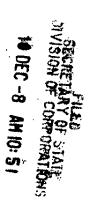
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C.COULLIETTE
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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	CARIBBEAN GAMING INC.
DOCUMENT NUMBER:	P93000081266
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	RENEE OLDAKER
	Name of Contact Person
	CARIBBEAN GAMING INC.
	Firm/ Company
	905 SE 9TH TERRACE UNIT G
	Address
	CAPE CORAL, FL 33990 City/ State and Zip Code
201	•
E-mail address	DAKER@AQUA-GAMING.COM :: (to be used for future annual report notification)
For further information concerning th	is matter, please call:
RENEE OLDAKER	at (239) 574-0093
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing F Certificate of S	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of

CARIBBEAN GAMING INC.

Name of Corporation as	currently filed w	ith the Florida I	Dept. of State)

P93000081266

(Document Number of Corporation (if known)

of the corporation:		mi
e designation "Corp," "Inc,	" or "Co". A professional	
plicable: ET ADDRESS)		- * ,
e: ICE BOX)		DEC -8 AM IO: 5
registered office address in istered office address:	Florida, enter the name o	<u>\$</u>
(Florida street ad	dress)	
	e designation "Corp," "Inc, ' ofessional association," or the olicable: ET ADDRESS) E: CE BOX	the word "corporation," "company," or "incorporate designation "Corp," "Inc," or "Co". A professional offessional association," or the abbreviation "P.A." Olicable:

Page 1 of 3

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)

<u>Title</u>	Name	Address	Type of Action
ST	CHRISTY WILLIAMS	905 SE 9TH TERRACE UNIT G CAPE CORAL, FL 33990	☐ Add ☐ Remove
ST	RENEE OLDAKER	905 SE 9TH TERRACE UNIT G CAPE CORAL, FL 33990	☑ Add □ Remove
			☐ Add ☐ Remove
provisions	ndment provides for an exchange, recla s for implementing the amendment if no applicable, indicate N/A)		

The date of each amenda	nent(s) adoption: 11/29/2010
	(date of adoption is required)
Effective date <u>if applicab</u>	(no more than 90 days after amendment file date)
Adoption of Amendment	(s) (CHECK ONE)
	s/were adopted by the shareholders. The number of votes cast for the amendment(s) is/were sufficient for approval.
	s/were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of vo	otes cast for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was action was not required	wwere adopted by the board of directors without shareholder action and shareholder d.
The amendment(s) was action was not required	were adopted by the incorporators without shareholder action and shareholder i.
Dated_1	1/29/2010
Signatur	
	(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	CHARLES R FROST JR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)