

P97000007041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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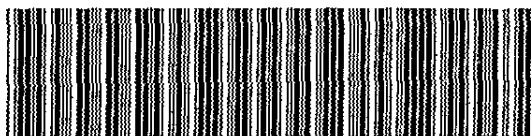
(Business Entity Name)

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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tropical Gaming, Inc.  
\_\_\_\_\_  
(Name of corporation)

**DOCUMENT NUMBER:** P97000007041  
\_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Catherine B. Veskovski  
\_\_\_\_\_  
(Name of person)

Tripp Scott, P.A.  
\_\_\_\_\_  
(Name of firm/company)

110 SE 6th Street, 15th Floor  
\_\_\_\_\_  
(Address)

Fort Lauderdale, Florida 33301  
\_\_\_\_\_  
(City/state and zip code)

For further information concerning this matter, please call:

Catherine B. Veskovski at ( 954 ) 627-3823  
\_\_\_\_\_  
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

