DOCUMENT # P 9 700 956569 1. Entity Name Ten Cent Bingo Hall of P Dalland Pack af locion Inc Principal Place of Business Mailing Address				FILED Aug 08, 2000 8:00 am Secretary of State 07-12-2000 90148 001 ***550.00			
2901 W. (Dakland 7a	ave Dh	reh;				
2. Principal Place of Business	3. Mailing Address	3311		- m	309046		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	City & State	City & State		4. FEI Number Applied For			
Zip Country	Zip	Country	5.	Certificate of Status [<u> (교육) 역구 (</u> Desired	Not Applicable 5 Additional	
6. Name and Address of	Current Registered Agent				Fee F of New Registered Agent	Required	
		Nam Stree	1 0	Box Number is Not Ac			
							
		City		;	FL Z	p Code	
3. The above named entity submits this state	ement for the purpose of changing it	ts registered office	or registered ag	gent, or both, in the Sta	It of Florida		
SIGNATURE						ļ	
Signature, typed or printed name of register		TE: Registered Agent sig	mature required when re	ensialung)	DATE		
This corporation is eligible to satisfy its in Tax filing requirement and elects to do so (See criteria on back)	angible FILE NOW After MAY 1, 20 Make Cireck Paya	III FEE IS \$15	\$550 ሰለን 🌣 🧦 🕏	10. Election Campa Trust Fund Con	and the state of t	\$5.00 May Be	
OFFICER	S AND DIRECTORS	12.	1.1		O OFFICERS AND DIREC		
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E E	☐ Delete	TITLE	 		□ Cha	nga Dadawa	
eet address -ST-Zip		STREET ADDRESS CITY-ST-ZIP			Char	nge Addition	
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T ADDRESS ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or frustee echanged, or on an attachment with an address.	with this tiling does not qualify for the out is true and accurate and that my impowered to execute this report as ss, with all other like empowered.	ne exemption state signature shall ha required by Chap	ed in Section 119 we the same legi- oter 607, Florida i	1.07(3)(I), Florida Statul al effect as if made und Statutes; and that my n	es. I further certify that the ler oath; that I am an office ame appears in Block 11	information er or director or Block 12 if	
SNATURE:	OR PRINTED NAME OF SIGNING OFFICER OR	DRECTOR		7-2-00	9547	140102	
		DIRECTOR		Date	Deyums Phone s		