

F 94 000000354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

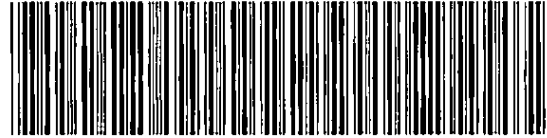
(Document Number)

Additional Copies _____ Certificates of Status _____

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2023 JAN 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 JAN 19 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NIC
01/26/23
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2023

CSC

SUBJECT: SG GAMING, INC.
Ref. Number: F94000000354

RESUBMIT
Please give original
submission date as file date.

We have received your document for SG GAMING, INC. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

THE FIRST AMENDMENT TO THE APPLICATION OF QUALIFICATION MUST SHOW WHERE THE CORPORATION CHANGED ITS NAME FROM SG GAMING, INC. TO SG GAMING (DE), INC. WITH A CERTIFICATE THAT STATES THE SAME FROM THE STATE OF DELAWARE.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 223A00001721

2023 JAN 24 11:07

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 348295 7889270

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 12, 2023

ORDER TIME : 9:04 AM

ORDER NO. : 348295-085

CUSTOMER NO: 7889270

FOREIGN FILINGS

NAME: SG GAMING, INC.

XXX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyllena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SG Gaming, Inc.

Name of Corporation

DOCUMENT NUMBER: F9400000354

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

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

Street Address:

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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F94000000354

(Document number of corporation (if known))

1. SG Gaming, Inc.
(Name of corporation as it appears on the records of the Department of State)
2. Nevada 3. 01/25/1994
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? January 3, 2023
5. LNW Gaming, Inc.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
- (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)
8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

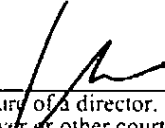
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JAN 19 AM 10:12

FILED

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Constance P. James

 (Typed or printed name of person signing)

Secretary

 (Title of person signing)

FILING FEE \$35.00

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that, on 01/03/2023, a **Amended and Restated Articles** changing the name **LNW Gaming, Inc.** was filed by SG Gaming, Inc.. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.



Certificate Number: B202301243332353

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 01/24/2023.

A handwritten signature in black ink that reads 'FV Aguilar'.

FRANCISCO V. AGUILAR
Secretary of State