

## PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

|                                                                                          |                          |
|------------------------------------------------------------------------------------------|--------------------------|
| SUBMISSION TYPE:                                                                         | NEW ASSIGNMENT           |
| NATURE OF CONVEYANCE:                                                                    | CHANGE OF NAME           |
| CONVEYING PARTY DATA                                                                     |                          |
| Name                                                                                     | Execution Date           |
| Shuffle Master, Inc.                                                                     | 09/28/2012               |
| RECEIVING PARTY DATA                                                                     |                          |
| Name:                                                                                    | SHFL entertainment, Inc. |
| Street Address:                                                                          | 1106 Palms Airport Drive |
| City:                                                                                    | Las Vegas                |
| State/Country:                                                                           | NEVADA                   |
| Postal Code:                                                                             | 89119                    |
| PROPERTY NUMBERS Total: 1                                                                |                          |
| Property Type                                                                            | Number                   |
| Application Number:                                                                      | 13101717                 |
| CORRESPONDENCE DATA                                                                      |                          |
| Fax Number:                                                                              | 7022705326               |
| <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>     |                          |
| Phone:                                                                                   | 702-270-5177             |
| Email:                                                                                   | patentprep@shfl.com      |
| Correspondent Name:                                                                      | Jennifer K. Farrar       |
| Address Line 1:                                                                          | 1106 Palms Airport Drive |
| Address Line 4:                                                                          | Las Vegas, NEVADA 89119  |
| ATTORNEY DOCKET NUMBER:                                                                  | PA3137.AP.US             |
| NAME OF SUBMITTER:                                                                       | Jennifer K. Farrar       |
| Signature:                                                                               | //jennifer k. farrar//   |
| Date:                                                                                    | 04/05/2013               |
| Total Attachments: 2<br>source=NameChangePTO#page1.tif<br>source=NameChangePTO#page2.tif |                          |

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DC - BUS NAME

ARTICLES OF AMENDMENT  
of  
ARTICLES OF INCORPORATION  
of  
SHUFFLE MASTER, INC.

The undersigned, the Chief Executive Officer of SHUFFLE MASTER, INC., a Minnesota corporation  
(the "Corporation"), does hereby certify as follows:

1. The name of the Corporation is Shuffle Master, Inc
2. The board of directors of the Corporation has adopted the following resolution  
amending Article I of the Corporation's Articles of Incorporation, in accordance with Section 302A.135,  
Subd. 7 of the Minnesota Business Corporation Act

Resolution Amending Articles of Incorporation

WHEREAS, it is in the best interest of the Corporation to change its corporate name to SHFL  
entertainment, Inc., to be effective as of September 28, 2012,

NOW, THEREFORE, IT IS HEREBY

RESOLVED, that Article I of the Articles of Incorporation of the Corporation be amended by  
deleting Article I in full and replacing it with the following:

"ARTICLE I.

NAME

The name of the corporation is SHFL entertainment, Inc."

FURTHER RESOLVED, that the Chief Executive Officer of the Corporation is hereby authorized  
and directed to execute Articles of Amendment attesting to the adoption of the foregoing  
amendment to be effective as of September 28, 2012, and to cause such Articles of Amendment  
to be filed in the office of the Secretary of State of the State of Minnesota.

3. The filing of these Articles of Amendment shall be effective as of September 28, 2012

IN WITNESS WHEREOF, I have hereunder subscribed my name this 27th day of September, 2012

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

SEP 28 2012

Mark Ritchie  
Secretary of State

Gavin Isaacs  
Chief Executive Officer



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RN

# Office of the Minnesota Secretary of State

## Consent to the Use of Name



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person & online filings, \$35 for mail

1. Name you wish to register: (Required) SHFL entertainment, Inc.
2. Name already on file: (Required) SHFL ENTERTAINMENT, INC.
3. Address of business already on file: (Required)  
2711 Centerville Road, #400  
 Street Address Wilmington DE 19808  
 City State Zip Code

### 4. PLEASE HAVE THIS PORTION COMPLETED BY THE HOLDER OF THE NAME ALREADY ON FILE:

I grant consent to register the name listed on line 1 to:

SHFL entertainment, Inc.

(List the name of the person or entity registering the new name)

Located at:

10901 Valley View Road  
 Street Address Eden Prairie MN 55344  
 City State Zip Code

(Check one) ☒ unconditionally ☐ with the following conditions: NOTE: Conditions must be privately enforced.

5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required on behalf of the previous holder of this name, who has authorized me to sign this document on his/her behalf. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Susan Enstrom, Asst. Sec. 9-28-12  
 Signature of Authorized Person or Authorized Agent Date

SUSAN ENSTROM Corporation Service Company  
 Print Name and Position

List a name and daytime phone number of a person who can be contacted about this form:

Chris A. Ingvalson, Paralegal (952) 896-3305  
 Contact Name Phone Number

STATE OF MINNESOTA  
 DEPARTMENT OF STATE  
 FILED

SEP 28 2012

Mark Ritchie  
 Secretary of State

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