PO4D00097853

(Re	equestor's Name)		
(Address)			
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
,			

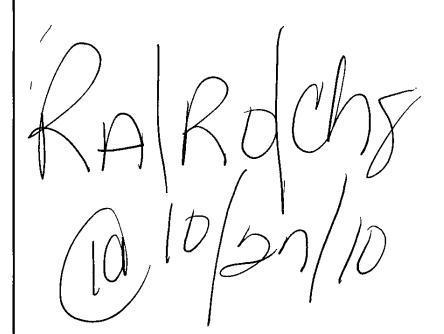
Office Use Only



200186828392

10/25/10--01051--021 **245.00

SECRETARY OF STAILS TALLAHASSEE, FLORIDA 10 OCT 25 PM 2: 09



COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Lost	SUBJECT: Lost Key Telecom, Inc.			
	(Name of Corporati	ion)		
DOCUMENT NUMBER: P04000097853				
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:				
	Denise Bell			
(Name of Contact Person)				
NRAI Corporate Services				
_	(Firm/Company))		
16055 Space Center Blvd., Ste. 235				
(Address)				
ŀ	Houston, TX 77062			
(City/State and Zip Code)				
For further information concerning this matter, please call:				
	Denise Bell at (800) 862-5438		
(Nar	me of Contact 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

$_{\mathcal{I}}$ \cdots STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of Florida red agent, or both, in the State of Florida.
1. The name of t		Lost Key Telecom, Inc.
	office address: 6905 N. Wickham Road, S	Ste. 403
Melbourne,		
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 06/28/2004	Document number: P0400097853
	street address of the current registered ag tment of State:	gent and registered office on file with the
	Incorp Services, Inc.	
	17888 67th Court North	
	Loxahatchee, FL 33470	
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office
	NRAI Services, Inc.	
	2731 Executive Park Drive,	Suite 4
	(P.O. Box NOT acceptable) Weston, FL 33331	
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted to board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.
(Signatu	In Affairm	Victor Alfano, Vice President (Printed or typed name and title)
I jurther agree to of my duties, and document is bei	the appointment as registered agent and comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	ites relative to the proper and complete performance gation of my position as registered agent. Or, if this e revistered office address. I hereby confirm that the
(Sig	patture of Registered Agenti	(Date)
If signing on be	half of an entity:	
Denise Bell,	Asst. Secy.	

* * * FILING FEE: \$35.00 * * *