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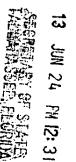
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JUN 26 2013
R. WHITE



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Lost Ke	y C.a.	
DOCUMENT NUMBI			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	oondence concerning this ma	tter to the following:	
-	Lost La Lost La 100 Prin Pelu Beac	Name of Contact Perso Firm/ Company Address Action	FL 33480
-	1 2/4 03200	City/ State and Zip Cod	e
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
White.	Contact Person	at (\(\subseteq 1 \) Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address indment Section		Address Iment Section

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FILED JUN 24 PM 12: 31 as currently filed with the Florida Dept. of State) 13600013 Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>	
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
!) Change	DCID	Jordan Serin	211 Commerce Lay
Add Remove			Jupitr- FL 37168
2) Change	CPO	Jacob Walsh	ZII Commerce Way Traitr FL 33458
Remove 3) Change			
Add Remove			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			

ttach additiona	adding additional Ar il sheets, if necessary)				
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rovisions for i	nt provides for an exc mplementing the am icable, indicate N/A)	change, reclass sendment if no	ification, or ca t contained in t	ncellation of issu he amendment it	<u>ed shares,</u> self:
		<u> </u>			
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he date of each amendment(s) ad	Joption: 61712)
ffective date if applicable:		
	(no more than 90 days aft	er amendment file date)
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	pted by the shareholders. The number of ficient for approval.	of votes cast for the amendment(s)
	roved by the shareholders through votin each voting group entitled to vote separ	
	for the amendment(s) was/were sufficient	
by Comby (C)	(voting group)	,,,
. ———	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without si	hareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without sharel	nolder action and shareholder
Dated Co 118	5/13	
(By a di selected	rector, president or other officer – if dir d, by an incorporator – if in the hands of ed fiduciary by that fiduciary)	
	(Typed or printed name of printed name)	eman
	(Typed or printed name of p	erson signing)
_	<u> </u>	
	(Title of person signing)	