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SECRETARY OF STATE OF

AUG 1 6 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corpo				
NAME OF CORPOR DOCUMENT NUMB	ATION: KEY	West Lol 064846	oster 2 5ton	e Crab
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
For further information	David Key West 1824 South 2 E-mail address: (to be use a concerning this matter, please	Name of Contact Person Lobster & Firm/ Company Shore Dr Address Pasadeno City/ State and Zip Code see for future annual report in the see call:		Inc.
		at ()	
Name o	of Contact Person	Area Coo	de & Daytime Telephone Number	_
Enclosed is a check for	r the following amount made	payable to the Florida Depa	rtment 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)	
Ame Divis P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle	·

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

(Name of Corporation as currently	filed with the Flo	rida Dept. of St	ate)	b. Inc.
<u> </u>	×46			
(Document Number	of Corporation (if k	(nown)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this FI	orida Profit Co.	rporation adopts the fo	ollowing amendment(s) to
A. If amending name, enter the new name of the	corporation:			
name must be distinguishable and contain the w		21 11		The new
"Corp.," "Inc.," or Co.," or the designation "Cow word "chartered," "professional association," or the	rp," "Inc," or "Co	o". A professio		
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET A)				
(Frincipui office address <u>MOST BE A STREET AI</u>	<u>UDKESS</u>)		· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if applicable:				3 AUG 16 PM 3:5
(Mailing address MAY BE A POST OFFICE E	<u>30X</u>)			6 387
·				بن بن المراجعة المراجعة الم
D. If amending the registered agent and/or regis	tered office addre	ss in Florida er	iter the name of the	- 6 In
new registered agent and/or the new registered	ed office address:	<u> </u>	iter the name of the	
Name of New Registered Agent				
	(Florida stree	t address)	.	
New Registered Office Address:			, Florida	
	(City)		(Zip Co	ide)
New Registered Agent's Signature, if changing R		لمد الد	te e e	
I hereby accept the appointment as registered agent	i i am Ja m iliar wi	ın ana accept th	e obligations of the po	SHION.
Signature of	New Registered Ag	pent 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 <math>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>	John Doe
X Remove	V	Mike Jones
X Add	<u>sv</u>	Sally Smith
Type of Action (Check One)	<u>Title</u>	Name Address 1500 30th Ave N, Unit
1) Change	VP	Glenn J. Martyn Stopete, FL 33704
Add		
Remove		·
2) Change	-	
Add		
Remove		
3)Change		
Remove		
4) Change		, <u> </u>
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		·
Add		
Remove		

f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
	•	
· ···· · · · · · · · · · · · · · · · ·		
If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame	endment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		

The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated8 / 16 / 13
Signature Hen Marty
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Genn J. Martyn
(Typed or printed name of person signing)
VP
(Title of person signing)