## F110000003835

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	(Requestor's Name)	
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DEC - 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 120479 8388342				
AUTHORIZATION: June Bolleman				
COST LIMIT : \$ 35.00				
ORDER DATE: November 8, 2022				
ORDER TIME : 2:09 PM				
ORDER NO. : 120479-012				
CUSTOMER NO: 8388342				
CHANGE OF AGENT				
NAME: SOLSTICE SLEEP PRODUCTS, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				
EXAMINER'S INITIALS:				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporat	i, 017,0302, 007,1308, or 017,1308, Pioriad tion organized under the laws of the State of tor registered agent, or both, in the State of	C Ohio
2. The principal	office address: 3720 W. BROA	EEP PRODUCTS, INC.  AD STREET COLUMBUS, OH 43228	
3. The mailing a	ddress (if different): 2950 EAS	T BROAD STREET COLUMBUS, OH 432	09
4. Date of incorp	coration/qualification: 09/23/20	Document number: F11000	0003835
5. The name and		gistered agent and registered office on file v	
	CORPORATION SERVICE (	COMPANY	
	1201 HAYS STREET		_
	TALLAHASSEE	FL 32301-2525	2022
6. The name and (if changed):	street address of the new regis	tered agent (if changed) and /or registered o	2022 NOV 30
	LEGALINC CORPORATE SE	ERVICES INC.	
	LEGALINC CORPORATE SERVICES INC.  5237 SUMMERLIN COMMONS BLVD SUITE 400		
	FORT MYERS	P.O. Box. NOT acceptable  FL 33907	
The street addre	ess of its registered office and t be identical.	the street address of the business office of	its registered agent.
Such change wa	as authorized by resolution duline board, or the corporation has	y adopted by its board of directors or by a s been notified in writing of the change.	n officer so
Xin	e C. Cionie	Jill Cilmi	Vice President
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered the appointment as registered to comply with the provisions of I am familiar with and acceping filed merely to reflect a charben notified in writing of this CORPORATE SERVICES INC	Printed or typed name and agent and agree to act in this capacity. of all statutes relative to the proper and copt the obligation of my position as register, mge in the registered office address, I here is change.	
By: Tike	Treutlein	11/09/2022	
•	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
Erik Treutlein, Pr		<u> </u>	
Ту	rped or Printed Name		
	* * * FII	LING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314