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,		
(Re	equestor's Name)	
(Ac	ldress)	
(A)	ldress)	
(AC	idi e ss)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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14 APR 25 PM 1: 11
SECREBARY OF STATE
TAIL A HASSEEL FLORIDA

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C. LEWIS

MAY 5 2014

EXAMINER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Morgan Kennedy

Date: April 23, 2014

Order#: 095191-050

Re: SLEEP MANAGEMENT SOLUTIONS LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Morgan Kennedy

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	4500 MACCORKLE AVE SE	(b)	3 Huntington Quadrangle
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		St	uite 200 S
	CHARLESTON WV 25304		elville, NY 11747
	04/29/2010	M ²	1000001949
3.	Date of filing/registration in Florida	4.	Document number
		NEO INIO	
5. (a	BLUMBERG EXCELSIOR CORPORATE SERVICE Registered Agent and Registered Office shown on the records of		t of State:
		ine Froncia isop	. 6. 6.4.6.
	155 OFFICE PLAZA DRIVE, 1ST FL Registered Office Address (MUST BE FLORIDA STREET)	ADDRESSI	
	Registered Office Address [MOST BE FLORIDA STREET]	<u>ADDRESS)</u>	TALL AHASSEE HAR
			<u> </u>
	TALLAHASSEE . FI	, 32301	
			ా - స్ట్రామ్ - ల్లి
(b)	Corporation Service Company		Mag .
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
			· · · · · · · · · · · · · · · · · · ·
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee , FI	32301	
he ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members	f the registere ability compa of the limited	d office and the business office of the register any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
ne ar	ticles of organization or the operating agreement of the		<u>-</u>
Sign	atule of a member or authorized representative of a member	Dona Pr	riebe, Authorized Person Printed or typed name of signee
I heri	by accept the appointment as registered agent and age sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I	ree to act in to performance ed for in Char	his capacity. I further agree to comply with th