Division of Corporations

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Ci1 | Addrage. | | | |
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LLC REGISTERED AGENT CHANGE BEDDING ACQUISITION, LLC

| Certificate of Status | 0 |
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JAN 17 2020

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.

| L No | ame of the limited liability company: Bedding Acquisit | ion, LLC | | | <u>.</u> | |
|--|--|---|---|---|--|--|
| 2. (a) | | (b) | | | | |
| (., | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | | nited liability comp OST OFFICE BO. | |
| | 901 Yamato Rd., Suite 250 | 901 YAMATO RD. SUITE:250 | | | | |
| | Boca Raton, ΓL 33431 | | BOCA RATO | ON, FL 33431 | | |
| | 10/25/2019 | | 119000010334 | 9 | | |
| 3. | Date of filing/registration in Florida | - 4 | D | ocument numb | er | |
| 5. (a) | Northwest Registered Agent LLC | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | the Florida I | Dept. of State: | | (a P | |
| | Registered Office Address (MUST BE FLORIDA STREET. 7901 4th St N. Ste:300 | ADDRESS) | | | 2020 JAN 16 PM 12: 18 SECREINAY OF STATI TALLAHASSEE, FL | orang to a |
| | St. Petersburg, FL | 33702 | | | 16 P | |
| (b) | C T Corporation System | | | | 治にの | |
| | Enter name of NEW Registered Agent and/or NEW Registered | l Office add | <u>'ess</u> : | | FATE FIL | |
| | NEW Registered Office Address: | | | | | |
| | 1200 South Pine Island Road | | | | | |
| | Plantation, FL | 33324 | | | | |
| the chagent was/w | limited liability company is not organized under the lar ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited hi- ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | f the regist lability cor of the limi e limited li | ered office a npany, it is b ted liability of ability comp | and the business hereby confirme company or as lany. | es office of the re ed that the chan otherwise provi | ge(s) |
| | Matalie Pickary ature of a member or authorized representative of a member | Natal ——— | | nthorized Person Printed or typed na- | | |
| I here proving the ob- to men notibe | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provid- rely reflect a change in the registered office address, I ged in writing of this change. CT Corporation System Sarah Reve | e perjormo led for in C hereby co | in this capac mee of my di hapter 605, nfirm that th | city. I further a uies, and I am J F.S. Or, if this we limited liabili | area to comply | with the ad accept ing filed x been |