# P13000051007

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13 SEP 20 PH 12: 45
SECRETARY OF STATE

C. LEWIS SEP 21 2013 EXAIVINER



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2013

BRIGIDA A. PAULINO DE LOS SANTOS MATTRESS CLOSEOUTS OF MIAMI CORP 108 NE 1ST AVE STORE B HALLANDALE, FL 33009

SUBJECT: MATTRESS CLOSEOUTS OF MIAMI CORP

Ref. Number: P13000051007

We have received your document for MATTRESS CLOSEOUTS OF MIAMI CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

## (1)If an amendment was approved by the shareholders, one of the following statements must be contained in the document.

(a)A statement that the number of votes cast for the amendment by the

shareholders was sufficient for approval, -or-

(b)If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

## (2)If an amendment was adopted by the incorporators or board of directors without shareholder action.

(a)A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

Letter Number: 513A00021912

### **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: HATTZESS CLOSE OUTS OF MINHI COR
DOCUMENT NUMBER: 213 0000 51007
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Brigish A. Phulino & Los SANTOS  Name of Contact Person  HATTZESS CLOSE OUTS OF Michie Corl  Firm/ Company
108 NE 1st Ave - store B Address
HAWNDALE FL 33009  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bligida De Los Santes at (984) 701-2656  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing Address Amendment Section  Street Address Amendment Section

**Division of Corporations** 

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

#### Articles of Amendment to Articles of Incorporation of

FILED
13 SEP 20 PM 12: 45

HATTRESS CLOSE OUT		HI CORY.	SFER IAN
(Name of Corporation as curr	ently filed with the F	lorida Dept. of State)	TALLAHASSEE, FLORIDA
P13000510	o7-		WIGGEE, FLORIDA
	mber of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006 ts Articles of Incorporation:	, Florida Statutes, this	Florida Profit Corporati	on adopts the following amendment(s)
A. If amending name, enter the new name of	of the corporation:		
	p/4		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered." "professional association,	"Corp," "Inc," or "	Co". A professional co	corporated" or the abbreviation
B. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		los he	1st Ave.
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		108 NE	15+ Ave
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address	HALLAN SA	LE, FL 33009
Name of New Registered Agent	NIK		
<u></u>	(Florida str	reet address)	
New Registered Office Address:	AU	, Fl	orida
1.	(City)	)	(Zip Code)
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			gations of the position.
·····	<u> </u>		
Signati	ure 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>	John D	<u>oe</u>		
X Remove	<u>v</u>	Mike Jo	ones	`	
X Add	<u>sv</u>	Sally S	<u>mith</u>		
Type of Action (Check One)	<u>Title</u>		<u>Name</u>		<u>Addres</u> s
1) Change		_	Astura	Houtilla	3350 NE 192 Street
Add					# 1-6
<u>X</u> Remove					Aventura FC 33180
2) Change	P		•	A. Polino	10B NE 1st Ave.
X Add			20) 3¢	20+GA2	store B
Remove					HALLANDALE, FL 33009
3 ) Change					
Add					···
Remove					
4) Change		<del>_</del>		, <u>.</u>	
Add					
Remove					<del></del>
5) Change		<del></del>			
Add					
Remove					
6) Change	<del>., .</del>		<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Add					
Remove					

. <u>If ame</u> Attacl	nding or adding additional Articles, enter change(s) here: additional sheets, if necessary). (Be specific)
	N/4
prov	nmendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
	N/A

	rilen
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	13 SEP 20 PM 12: 45
Effective date if applicable: N/4	SECOPTION SECOPTION
Effective date if applicable:  (no more than 90 days after amendment file date)	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	dment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following 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)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sha action was not required.	reholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareho action was not required.	lder
TO A	
Dated    Comparison of the control o	t haan
selected, by an incorporator – if in the hands of a receiver, trustee, or oth appointed fiduciary by that fiduciary)	er court
de la	dilla
(Typed or printed name of person signing)	
Resident	
(Title of person signing)	