P05000059085

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SECRETARY OF STATE DIVISION OF CORPORATION

AMUND

AUG 21 2015 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TDAZA M	ATTRESS CORP.	
DOCUMENT NUMBER: P05000059035		
The enclosed Articles of Amendment and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
JORGE F BARRAN	res	
 	Name of Contact Perso	n
BJ NATIONWIDE S	ERVICES, INC.	
	Firm/ Company	**************************************
30420 S DIXIE HWY	,	
	Address	
HOMESTEAD, FL 3	3030	
	City/ State and Zip Cod	e
azoytax@bellsouth.net		
	to be used for future annual report	notification)
·	1	·
For further information concerning this matter	er, please call:	
JORGE F BARRANTES	at () 242-2232
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount	t made payable to the Florida Depa	artment of State:
\$35 Filing Fee		□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

7DAZA MATTRESS CORP

TDAZA MATTRESS CORT.				
(<u>Name</u>	of Corporation as curren	tly filed with the Florida D	Dept. of State)	
P05000059035		•		
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	n adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional corp		bbreviation
B. Enter new principal office address,	if applicable:			
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS)			<u>. </u>
				
C. Enter new mailing address, if appl				一颗
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	-	*	
				RA H.
			•	# P
				<u> </u>
D. If amending the registered agent an new registered agent and/or the new			name of the	
***	ZAIMARA PUIG	<u> </u>		
Name of New Registered Agent				
	5780 NW 36 AVE			_
	(Florida s	treet address)		
New Registered Office Address:	MIAMI		, Florida	
		(City)	(Zip (Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			tions of the position	
The test story was approximent as region	Λ	1 1	nons of me position.	
	λ	allo /		
	Signature of Sel	Registered Agent, if changit	ng	
•		V		

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>	<u>John Doe</u>	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	P	Daniel Zamora	5780 NW 36 Ave
Add X Remove			Miami, FL 33142
2) Change	VP	Flor M Zamora	5780 NW 36 Ave
Add			Miami, FL 33142
X Remove			
3) Change	P	The New Hamilton Mattress, Inc.	1521 Concord Pike
X Add			Suite 303
Remove			Wilmington, DE 19803
4) Change	D	Zaimara Puig	5780 NW 36 Ave
X Add			Miami, FL 33142
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach aa	ing or adding additional Iditional sheets, if necessal	y). (Be specific)	mge(s) here.			
				··········		
					A STATE OF THE STA	
					· · ·	·-·
<u>provisio</u> (<i>if n</i>	endment provides for an ons for implementing the not applicable, indicate N/	amendment if not	fication, or cance contained in the a	llation of issued sl umendment itself:	hares,	
N/A						
				<u> </u>		<u></u>

The date of each amendment(s) add date this document was signed.	ption:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, the artment of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendricient for approval.	nent(s)
	oved by the shareholders through voting groups. The following stack voting group entitled to vote separately on the amendment(s)	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and share	:hol der
☐ The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and sharehold	ler
AUGUST 12 Dated	, 2015	
Signature	Mujalial/	
selected,	ector, president or hiper officer – if directors or officers have not by an incorporator if in the hands of a receiver, trustee, or othe d fiduciary by that fiduciary)	
Ź	AIMARA PUIG	
_	(Typed or printed name of person signing)	
I	DIRECTOR .	
_	(Title of person signing)	