F02000005609

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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| - | |
| (Business Entity Name) | |
| , , , | |
| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Operint Instruction to Efficiency | |
| Special Instructions to Filing Officer: | |
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LLALART OF STATE TALLAHASSEE, FLORIDA

FILED 2003 MAR 25 PM I2: 3 I

CT CORPORATION

March 25, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5815101 SO Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Mattress Firm, Inc. (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.150 | 08, Florida Statutes, |
|---|-------------------------------------|
| the undersigned corporation organized under the laws of the State of Delaware | |
| submits the following statement in order to change its registered office or register | |
| the State of Florida. | A A |
| 1. The name of the corporation : Mattress Firm, Inc. | 55. 55 |
| | m~ |
| 2. The mailing address of the corporation: 5815 Gulf Freeway, Houston, TX, 77023 | FE |
| • | 紀 3 |
| 3. Date of incorporation/qualification: 11/08/02 Document number: | F02000005609 |
| 4. The name and address of the current registered agent and office: | |
| 4. The famile and address of the earlow registered agent and office. | |
| CORPORATION SERVICE COMPANY | |
| 1201 HAYS STREET | |
| TALLAHASSEE FL 32301-2525 | |
| 5. The name and address of the new registered agent (if changed) and/or registered | office (if changed): |
| (P. O. Box Not Acceptable) | |
| C T Corporation System | |
| c/o C T Corporation System, 1200 South Pine Island Road, | |
| Plantation, Florida 33324 | · |
| The street address of its registered office and the street address of the business off agent, as changed, will be identical | fice of its registered |
| Such change was authorized by resolution duly adopted by its board of directors of authorized by the board. | or by an officer so |
| authorized dy the board /// | 1/03 |
| | Date) |
| | |
| C. Deryl Couch, Assistant Secretary (Printed or typed name and title) | |
| Having been named as registered agent and to accept service of process for the a corporation, I hereby accept the appointment as registered agent and agree to ac I further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligation of my registered agent. | t in this capacity. and complete |
| CT Corporation System PETER F. SOUZA 2/71/05 | 3 |
| ASSISTANT SECRETARY (Date) | |
| If signing on behalf of an entity: | |
| Peter F. Souza, Asst. Secretary | |
| (Typed or Printed Name) (Capacity) | |

* * * FILING FEE: \$35.00 * * *