## F01000005196

	(Requestor's Name)	·- <u></u>			
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,	(Address)				
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A. BUTLER AUG 2 5 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 861253 8076425

AUTHORIZATION

COST LIMIT : \$\square{35.00}

ORDER DATE : August 4, 2022

ORDER TIME : 1:21 PM

ORDER NO. : 861253-009

CUSTOMER NO: 8076425

\_\_\_\_\_\_

## CHANGE OF AGENT

NAME: SYMBOL MATTRESS OF FLORIDA,

INC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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

statement of cha	provisions of sections 607.0502, 617 nge is submitted for a corporation of r to change its registered office or re	rganized under the law	s of the State of _	VA	his	-
<del></del>	he corporation: SYMBOL MATTRES	0	•			
	office address: 5000 MERCANTILE				-	_
3. The mailing a	ddress (if different): P. O. BOX 6689	RICHMOND, VA 232	230		-	_
	oration/qualification: 10/04/2001			005196		
	street address of the current register tment of State: (If resigned, enter res		d office on file wi	th the		
	COFFEY, GEORGE H			_		
	6622 BOICE STREET			_		
	ORLANDO	FL	32809	(A	Žűź	
6. The name and (if changed):	street address of the new registered	agent (if changed) and	l /or registered of	fice A LE	2022 AUG 24	Tak egyag (II ) elettende egyatende
	Corporation Service Company			တ်က ကြောင်	+ 	
	1201 Hays Street				9; M	المريا
	P	O. Box NOT acceptable		구골	<del></del>	
	Tallahassee	FL	32301	- IT3	ω	
	ess of its registered office and the st be identical.					nt,
Such change was authorized by th	is authorized by resolution duly add board, or the corporation has bee	opted by its board of d in notified in writing o	irectors or by an of the change.	officer s	0	
		John Eric Rhea		CEO		
_	re of an officer or director		ed or typed name and ti	itle		_
I further agree to of my duties, an document is bein corporation has	the appointment as registered ages to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this change. Service Company	statutes relative to in obligation of my posi in the registered offici	this capacity. e proper and con ition as registere e address, I here	nplete pe d agent. by confir	rforma Or, if m that	nce this the
` ` `	<b>\</b> / .	08/03/202	22			
By: Ura	e.a. Thuble		Date			_
If signing on be	half of an entity:					
Grace E. Kirby,	Asst, Vice President					
	ped or Printed Name					

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