

FD2000004456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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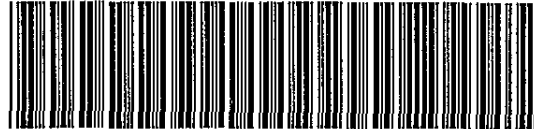
(Business Entity Name)

(Document Number)

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02/16/04--01062--018 **35.00

*XA change
T. Lewis 2/20/04*



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February 12, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Statement of Change of Registered Agent of Sleepworks, Inc.

Dear Sir/Madam:

Enclosed for filing with the Department of State is a Statement of Change of Registered Agent for the above-referenced entity, together with our check in the amount of \$35.00 in payment of the filing fee.

Please return a date-stamped copy of the enclosed form to my attention. I have provided a duplicate copy, as well as a self-addressed, stamped envelope for your convenience in doing so.

If you have any questions, please contact the undersigned. Thank you.

Sincerely yours,

Sharon M. Knox
Client Services Specialist

Enclosure

**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 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SLEEPWORKS, INC.
2. The principal office address: 3600 Mansell Road, Suite 150, Alpharetta, Georgia 30022
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/29/2002 Document number: F02000004456
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33325

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
526 East Park Avenue
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, Florida 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

M.S. McElhitt Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

2/12/04
(Date)

If signing on behalf of an entity:

Sharon M. Knox
(Typed or Printed Name)

Assistant Secretary
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314