

F0600000 4856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

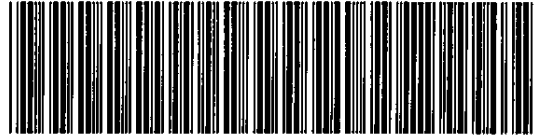
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FILED  
06 OCT 25 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED OCT 25 2006

**COVER LETTER -**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CardioSleep, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F06000004856

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ART BRADY  
(Name of Contact Person)

CARDIOSLEEP, INC.  
(Firm/Company)

14499 N. DALE MABRY HWY STE. 250  
(Address)

TAMPA FL 33618  
(City/State and Zip Code)

For further information concerning this matter, please call:

ART BRADY at (813) 858-1905  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☒

\$43.75 Filing Fee &  
Certificate of Status

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\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
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☐

\$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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

FO6000004856  
(Document number of corporation (if known))

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. CardioSleep, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Delaware 3. 7-20-06  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. CardioHealth Sleep, Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

\_\_\_\_\_  
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

Paul Stanley  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  
Paul STANLEY  
(Typed or printed name of person signing)

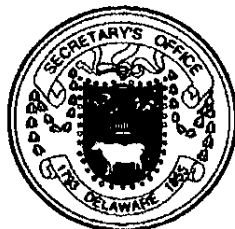
CEO/c  
(Title of person signing)

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CARDIOSLEEP, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CARDIOHEALTH SLEEP, INC.", THE NINETEENTH DAY OF OCTOBER, A.D. 2006, AT 9:39 O'CLOCK A.M.



4107117 8320

060959961

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5128035

DATE: 10-19-06