

FD60000004856

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(City/State/Zip/Phone #)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 21 PM 2:03

Name chg  
@ 2/21/08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HeathSleep, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: FO6000004856

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)

HeathSleep, Inc  
(Firm/Company)

13083 Telecom Parkway N  
(Address)

Temple Terrace, FL 33637  
(City/State and Zip Code)

For further information concerning this matter, please call:

Fred Duguay at ( 813 ) 316-4640  
(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      ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)      ☐ \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2008

ART BRADY  
HEALTHSLEEP, INC.  
13083 TELECOM PARKWAY N  
TEMPLE TERRACE, FL 33637

SUBJECT: CARDIOHEALTH SLEEP, INC.  
Ref. Number: F06000004856

We have received your document for CARDIOHEALTH SLEEP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to SIGN the document and the date of incorporation is INCORRECT our records show 07-20-2006, please correct your document to reflect such.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 208A00008408

RECEIVED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

2008 FEB 21 AM 8:00

RECEIVED

**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)**

F06000004856

(Document number of corporation (if known))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 21 PM 2:08

1. CardioHealth Sleep, Inc.

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. 7/20/2006

(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? 1/16/2008

5. HealthSleep, 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)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

\_\_\_\_\_  
(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

(Title of person signing)

# Delaware

PAGE 1

*The First State*

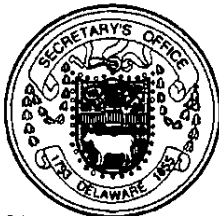
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CARDIOHEALTH SLEEP, INC.", CHANGING ITS NAME FROM "CARDIOHEALTH SLEEP, INC." TO "HEALTHSLEEP INC.", FILED IN THIS OFFICE ON THE SIXTEENTH DAY OF JANUARY, A.D. 2008, AT 4:39 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

4107117 8100

080053040

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6319037

DATE: 01-17-08