F08000001712

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	—
PICK-UF	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	_
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R.A. Change

TB 5-19-08

COVER LETTER

TO: Amendment Section Division of Corporations	••
SUBJECT: Corsicana Bedding, Inc. (Name of Corporat	
(Name of Corporat	ion)
DOCUMENT NUMBER:	
The enclosed Statement of Change of Registered Office/Agen	t and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
	-
Phyllis Smith	
(Name of Contact Pe	erson)
Corsicana Bedding, Inc.	
(Firm/Company	
P.O. Box 1050	
(Address)	
Corsicana, TX 75151 (City/State and Zip C	Sodo
	Lode)
For further information concerning this matter, please call:	
Phyllis Smith = at(903 875-7813 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	Area Code & Daytime Telephone Number)
7. 1. 1. 025.00 1 1 1 11 11 1 7	50.
Enclosed is a \$35.00 check made payable to the Department o	i State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Corsicana Bedding, Inc.	
2. The principal office address: 2700 EnHwy(31	
Corsicana, TX 75110	
3. The mailing address (if different): P.O. Box 1050	
Corsicana, TX 75151	
4. Date of incorporation/qualification: 4/16/08 Document number: F08000001712	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
George Dunlap	
245 South Central	
Bartow, FL 33830 6. The name and street address of the new registered agent (if changed) and /or registered office	
(if changed):	FE
Kim Cobb 450 Polk Street (RO Por NOT contrib)	
(P.O. Box NOT acceptable)	
Bartow, FL 33830-3749	
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.	
James Wright, Vice President	
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.	
15m Cotto 5/9/08	
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity: (Typed or Printed Name)	

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