

FI1000002638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

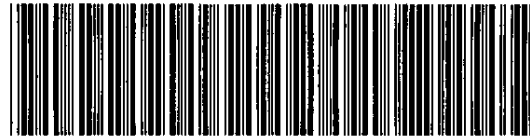
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600259792326

RA  
Change

05/16/14--01030--016 \*\*35.00

FILED  
2014 MAY 16 PM 1:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

DDR  
5/29/14

**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 DE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WM SLEEPCARE, INC.

2. The principal office address: 1641 Worthington Rd Ste 320 West Palm Beach FL 33409

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/27/2011 Document number: F11000002638

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NATIONAL CORPORATE RESEARCH, LTD., INC.

155 OFFICE PLAZA DRIVE

TALLAHASSEE

FL 32301

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

FILED  
2014 MAY 16 PM 1:22  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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 of an officer or director

Dona Priebe, VICE PRESIDENT

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.*

Corporation Service Company

By: Grace E. Kirby

Signature of Registered Agent

05/12/2014

Date

If signing on behalf of an entity:

Grace E. Kirby, ASST. VICE PRESIDENT

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)