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	Please print this page and use it as a cover er (shown below) on the top and bottom of a		
	(((H17000055054 3))))	
	H170000550543ABC.		
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.			
	To: Division of Corporations Fax Number : (850)617-6 From:	380	FILED
	Account Name : INCORP SER Account Number : I201200000 Phone : (702)866-2 Fax Number : (702)866-2	2500 2689	8: 30
annual	email address for this business end. report mailings. Enter only one em Address: <u>Managocirep</u>	ail address please.**	
2:07 2:07	REGISTERED AGENT CH SELECT COMFORT SC CORF Certificate of Status	PORATION	TALLENT
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H170000550543 COVER LETTER

TO: Amendment Section Division of Corporations

- 1

SUBJECT: SELECT COMFORT SC CORPORATION Name of Corporation

DOCUMENT NUMBER: F13000003277

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leora Nealey Name of Contact Person

InCorp Services, Inc. Firm/Company

3773 Howard Hughes Pkwy. · Suite 500S Address

> Las Vegas, NV 89169-6014 City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leora Nealey on behalf of inCorp Services, Inc. at (702)866-2500 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Molling 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

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CR2E045 (03/12)

F13000003277

HI7000550543 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: SELECT COMFORT SC CORPORATION

2. The principal office address: 103 Shaw Street Greenville, SC 29609

3. The mailing address (if different): PO Box 9219 Greenvlile, SC 29504

4. Date of incorporation/qualification: 07/31/2013 _____ Document number:

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)

BUSINESS FILINGS INCORPORATED

1200 South Pine Island Road

Plantation, FL 33324

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

InCorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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.

Mark A. Kimbali, 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 dulies, 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 of Registered Agent

If signing on behalf of an entity:

Leora Nealey on behalf of InCorp Services, Inc. Typed or Printed Name

February 22, 2017

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* * * 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) 63

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