

F160000001675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

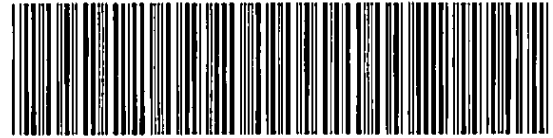
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200321392462

RECEIVED  
2018 NOV 28 PM 2:06  
CLERK OF COURT  
TALLAHASSEE, FLORIDA


EST 29 11  
11:11

MMO

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 124591 8082367

AUTHORIZATION : 

COST LIMIT : \$ 35.00

-----  
ORDER DATE : March 20, 2018

ORDER TIME : 1:45 PM

ORDER NO. : 124591-020

CUSTOMER NO: 8082367  
-----

CHANGE OF AGENT

NAME: INCOMFORT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: ~~Robert Branch~~ Emily Croft ext 62925

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: INCOMFORT, INC.

Name of Corporation

DOCUMENT NUMBER: F16000001675

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:

ROBIN SANSONE

Name of Contact Person

RHODES, YOUNG, BLACK & DUNCAN

Firm/Company

2736 MEADOW CHURCH RD., STE 200

Address

DULUTH GA 30097-5236

City/State and Zip Code

rsansone@rybd.com

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

For further information concerning this matter, please call:

ROBIN SANSONE

770

495-6200

Name of Contact Person

at (

Area Code & Daytime Telephone Number

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

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

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

1. The name of the corporation: INCOMFORT, INC.
2. The principal office address: 8358 SANCTUARY LANE FERNANDINA BEACH, FL
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/11/2015 Document number: F16000001675
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)

WAITE, STEVE

8358 SANCTUARY LANE

FERNANDINA BEACH

FL 32034

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

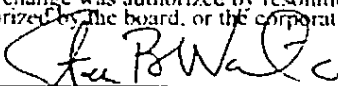
P.O. Box NOT acceptable

Tallahassee

FL 32301

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

Steven B Waite

Pres.

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.*

By:   
Signature of Registered Agent

11/28/18

Date

If signing on behalf of an entity:

Emily Croft  
Asst. Vice President

\*\*\* 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)