F1700003248

| (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: ANN MOULTER CONSCIENT (a) |
| 1),10,13 |

Office Use Only



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SECRETANY OF STATE

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|--|--|--|--|--|--|
| SUBJECT: OMF Orlando, Inc. | | | | | |
| Name of Cor | • | | | | |
| DOCUMENT NUMBER: F17000003248 | 3 | | | | |
| The enclosed Statement of Change of Registered Office/ | | | | | |
| Please return all correspondence concerning this matter t | o the following: | | | | |
| John Malloy | | | | | |
| Name of Conta | act Person | | | | |
| OMF Orlando, Inc. | | | | | |
| Firm/Con | pany | | | | |
| 4930 State Road | | | | | |
| Addre | SS | | | | |
| Cleveland, OH 44134 | | | | | |
| City/State and | Zip Code | | | | |
| jmalloy@originalmattress.com | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| | | | | | |
| For further information concerning this matter, please ca | II: | | | | |
| John Malloy | at (216)661-8388 Area Code & Daytime Telephone Number | | | | |
| Name of Contact Person | Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the Departm | ent of State. | | | | |
| Mailing Address: Amendment Section | Street Address: | | | | |
| Amendment Section Division of Corporations | Amendment Section Division of Corporations | | | | |
| P.O. Box 6327 | Clifton Building | | | | |
| Tallahassee, FL 32314 | 2661 Executive Center Circle | | | | |

Tallahassee, FL 32301



July 9, 2018

JOHN MALLOY 4930 STATE ROAD CLEVELAND, OH 44134

SUBJECT: OMF ORLANDO, INC. Ref. Number: F17000003248

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Letter Number: 718A00014088

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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

| statement of cha | unge is submitted for a corporation o | .0502, 607.1508, or 617.1508, Florid rganized under the laws of the State o gistered agent, or both, in the State o | <u>f</u> Delawar | re | _ |
|---|---|---|---------------------|--------------------|-------|
| 1. The name of t | the corporation: OMF Orlando, | Inc. | | | |
| 2. The principal | office address: 1785 State Roa ark, FL 32792 | ad 436 | | | |
| 3. The mailing a | nddress (if different): | | | - | |
| 4. Date of incorp | poration/qualification: 7/20/17 | Document number: F170 | 00003 | 248 | |
| | d street address of the current register rtment of State: (If resigned, enter res | red agent and registered office on file signed) | with the | | |
| | CT Corporation SYS+C | m | | | |
| | 1200 South Pine Island R | d. | | -3 | |
| | Plantation, FL 33324 | | SECR | A B J | 70 |
| 6. The name and (if changed): | d street address of the new registered | agent (if changed) and /or registered | LU -4 | 7018 JUL 16 | |
| | Scott Knight | | | À Ö: | O |
| | 1785 State Road 436 | | _87 | ;; 1 9 5 | |
| | Winter Park, FL 32792 | NOT acceptable | > _ | | |
| The street addre | ess of its registered office and the st be identical. | reet address of the business office of | its registe | ered a | gent, |
| Such change wa authorized by th | as authorized by resolution duly adone board, or the corporation has been | pted by its board of directors or by a n notified in writing of the change. | n officer : | so | |
| | Mles- | John Malloy - Secretar | , | | |
| I hereby accept I further agree to performance of | my duties, and Lam tamiliar with a | Printed or typed name and tand agree to act in this capacity, statutes relative to the proper and cand accept the obligation of my positive reflect a change in the registered of the inwriting of this change. | mplete on as rea | isterec Pss, I | i |
| | nature of Registered Agent | 7/3/18 | | | |
| | | /Date | | | |
| | half of an entity: H. K. 7. 1. G. M. Sped or Printed Name | | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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