F9500000000

(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



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R. WHITE APR 0 6 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Valerie Miller valerie.miller@cscglobal.com

Date: April 3, 2018

Order#: 134852-010

Re: SELECT COMFORT RETAIL CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Valerie Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statu tion organized under the laws of the State of MINN e or registered agent, or both, in the State of Floric	NESOTA	
1. The name of	the corporation: SELECT COM	FORT RETAIL CORPORATION		
		ENUE NORTH MINNEAPOLIS MN 55442		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 04/28/19	995 Document number: F9500000207	76	
	d street address of the current re rtment of State: (If resigned, ent	egistered agent and registered office on file with the ter resigned)	e	
	INCORP SERVICES, INC.	-		
	17888 67 CT N		a=1500	
	LOXAHATCHEE	FL 33470	75 75	25 g
6. The name and (if changed):	d street address of the new regis	stered agent (if changed) and /or registered office	R-5 AH	
	Corporation Service Company	y		1 <u>2,</u>
	1201 Hays Street		5	
	P. Tallahassee	O. Box NOT acceptable FL 32301		
The street addre	ess of its registered office and t be identical.	the street address of the business office of its regi	istered agent,	
Such change wa authorized by th	as authorized by resolution duline board, or the corporation has	y adopted by its board of directors or by an office s been notified in writing of the change.	er so	•
<u> </u>	Le Gome	Jill Cilmi, Vice President		
I further agree i performance of agent. Or, if thi hereby confirm	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	Agent and agree to act in this capacity. of all statutes relative to the proper and complete it and accept the obligation of my position as rely to reflect a change in the registered office add notified in writing of this change.	egistered	
By: \int_{Sign}	Mca C. K. O. I.	03/30/2018 Date		
-	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
T	yped or Printed Name			

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