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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: 5/044/ MATRESS + FIRM. TURE CO. I.M.
DOCUMENT NUMBER:
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert W Johnson (Name of Person)
(Name of Firm/Company)
19615 CRESCENT Rd (Address)
Odessia Fl 33556 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert W. Johnson at (813) 267-8162 (Name of Passon) (Area Code & Davigne Telephone Number)

Enclosed is a check for \$35,00 made payable to the Florida Départment of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

1. Robert W Johnson	_, hereby resign as Vice - Resident	<u>,</u>
of 6/26A1 MATTRESS	5 + 1=URNITURE COMPan	4
(Document Number, if known) Delaware.	oration organized under the laws of the State of	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Taliahassee, Florida 32314