

Florida Department of State
Division of Corporations
Public Access System
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000233293 3)))



H08000233293ABC/

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) 617-6380
Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

RECEIVED

2008 OCT 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 9 PM 12:25

FILED

REGISTERED AGENT CHANGE

SLEEPMED INCORPORATED

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

10-1008
RA Chang
Sf

H08000232933

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: SleepMed Incorporated
2. The principal office address: 200 Corporate Place, Suite 5B, Peabody, MA 01960
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/29/1999 Document number: F99000000741
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301

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

Business Filings Incorporated

1203 Governors Square Blvd, Suite 101

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, Florida 32301-2960

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, chairman or vice chairman of the board)

David Lewis, President

(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.

(Signature of Registered Agent)

10/09/08

(Date)

If signing on behalf of an entity:

Mark Williams

(Typed or Printed Name)

AVP

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

H080002322933