CAPITOL CORPORATE SERVICES, INC.

G45960

100002458411---03/16/98--01106--009

\*\*\*\*\*35.00 \*\*\*\*\*35.00

March 11, 1998

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: PERMA SLEEP CORPORATION

Delanie Lundgun

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 1587 in the amount of \$ 35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

enclosures

AA Chg.

VS MAR 1 9 1998

## Florida Department of State, Jim Smith, Secretary of State

## 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, the undersigned corporation organized under the laws of the State of \_ submits the following statement in order to change its registered office or registered agent, or both, in the State Florida. 1a. The name of the corporation is: -PERMA SLEEP CORPORATION 6/27/83 1b. Date of incorporation: Document number The name and address of the current registered agent and office: Richard Nilsen 2900 Country Club Lane S.w, Hallandale, Fl 33009 The name and address of the new registered agent and office: (P.O. Box Not Acceptable) NRAI Services, Inc. 526 East Park Avenue, Tallahassee, Florida 32301 The street address of its registered agent 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. Typed or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. NRAI Services, Inc.

CR2E045 (7-91)

FILING FEE: \$35.00

(Registered Agent)