

J21502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

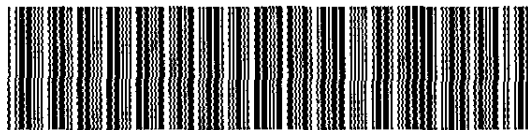
(Document Number)

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RO/Change  
①a 8/13/03



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TAILORED FOAM OF FLORIDA, Inc  
(Name of corporation)

**DOCUMENT NUMBER:** J21502

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES WENTZ

(Name of person)

TAILORED FOAM OF FLORIDA, Inc  
(Name of firm/company)

3900 ST. JOINS PKWY  
(Address)

SANFORD FL 32771  
(City/state and zip code)

For further information concerning this matter, please call:

JAMES WENTZ

(Name of person)

at ( 407 ) 332-0333

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TAILORED Foam of FLORIDA, Inc

2. The principal office address: 3900 ST. JOHNS PKWY  
SANFORD FL 32771

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 6/1986 Document number: J21502

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JASON SANDER  
390 W. SR 434 SUITE 203  
LONGWOOD FL 32750

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

JASON SANDER  
3900 ST. JOHNS PKWY  
(P.O. Box or personal mailbox NOT acceptable)  
SANFORD FL 32771

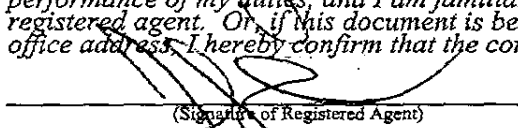
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

JASON SANDER PRES  
(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)

8-7-03  
(Date)

If signing on behalf of an entity:

JASON SANDER  
(Typed or Printed Name)

PRES  
(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

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