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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Mattress Other LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Anthony Nolan Name of Person		
Florida Mattress DUTLET LLC. Firm/Company		
6040 N. Lockwax Rigge Rd. Address		
Salasto FL 34243 City/State and Zip Code		
Sales mattresses and more 1/C. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
AHDONY Nolan at (941) 359-1873 Name of Person Area Code & Daytime Telephone Number		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		
Enclosed is a check for the following amount:		
Ø\$25 Filing Fee		
(INHS18 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. N	ame of the limited liability company: Florida Mo. Hress Dutlet LLC.
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SAPASOTA, FI 34243 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	Auswist 19 2015 215000142009 Date of filing/registration in Florida 4. Document number
5. (a)	Jon Sine Florida Mattress Outlet LC. > No Longer Authorizen Resistered Agent and Registered Office shown on the records of the Florida Dept. of State: 6040 North Lockwood Ridge Rd. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b)	SARASOTA ,FL 34243 Anthony Nolan - Registered Agent Agent Enter name of NEW Registered Agent and/or NEW Registered Office address: 6040 N. Lockwood Ridge Rd.
,	NEW Registered Office Address:
change agent v was/wi	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
I herei	ture of a member or apthorized representative of a member by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igutions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
notifiee	Tin swriting of this change.