

M09000002862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

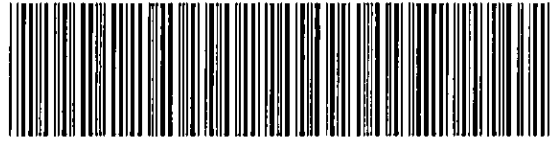
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 DEC 20 AM 10:10

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DEC 23 2019

M. SOLOMON

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 12/20/2019

Acc#120160000072

en: c DW

Name:	HOLLANDER SLEEP PRODUCTS, LLC
Document #:	
Order #:	12421092

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00

Thank you!

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Hollander Sleep Products, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000002862

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: June 4, 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: HSP Liquidation, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

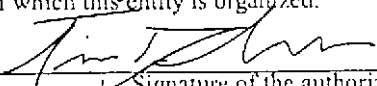
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Manager	James Allen	901 Yamato Road, Suite 250	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
Manager	March Eichhorn	901 Yamato Road, Suite 250	<input type="checkbox"/> Add
		Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Remove
Member	HHFH Liquidation, LLC	410 Park Ave., Ste. 900	<input checked="" type="checkbox"/> Add
		New York, NY 10022	
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Timothy Dailader, Authorized Signatory

Typed or printed name of signee

Filing Fee: \$25.00

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:38 PM 11/19/2019
FILED 03:38 PM 11/19/2019
SR 20198172768 - File Number 4707584

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF
HOLLANDER SLEEP PRODUCTS, LLC**

The undersigned, being duly authorized to execute and file this Certificate of Amendment to Certificate of Formation for the purpose of amending the Certificate of Formation pursuant to the Section 18-202 of the Limited Liability Company Act of the State of Delaware, does hereby certify as follows:

FIRST

The name of the limited liability company is Hollander Sleep Products, LLC
(the "Company").

SECOND

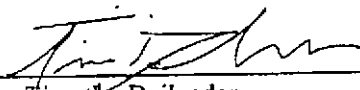
Paragraph 1 of the Certificate of Formation of the Company is hereby deleted in its entirety and amended to read in full as follows:

1. Name. The name of the limited liability company is HSP Liquidation, LLC (the "Company").

* * * * *

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate of
Amendment to Certificate of Formation as of the 7th day of November, 2019.

HOLLANDER SLEEP PRODUCTS, LLC

By: 
Name: Timothy Dailcader
Title: Authorized Signatory

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF AMENDMENT OF "HOLLANDER SLEEP
PRODUCTS, LLC", CHANGING ITS NAME FROM "HOLLANDER SLEEP
PRODUCTS, LLC" TO "HSP LIQUIDATION, LLC", FILED IN THIS OFFICE
ON THE NINETEENTH DAY OF NOVEMBER, A.D. 2019, AT 3:38 O'CLOCK
P.M.


Jeffrey W. Bullock, Secretary of State

4707584 8100
SR# 20198172768

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204051103
Date: 11-20-19

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HSP LIQUIDATION, LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE TWENTIETH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.



4707584 8300

SR# 20198204040

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204051407

Date: 11-20-19