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2021 MAY 26 P IZ 35
SECRETARY OF STATE

D. BRUCE MAY 30 2017



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Marissa Rather-lopez marissa.pitts@cscglobal.com

Date: May 24, 2017

Order#: 635101-047

> MATTRESS DISCOUNTERS OPERATIONS LLC Re:

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25.00.

Please take the following action:

File in your office on a routine basis. <u>XX</u>

Issue Proof of Filing. XX

Please return evidence to the following: XX

> Attn: Marissa Rather-lopez c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

1.	Na	me of the limited liability company: MATTRESS DIS	COUNT	TERS OPERATIONS LLC	
2.	(a)	1000 South Oyster Bay Road	(b)	b) 1000 South Oyster Bay Road	
()		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Hicksville NY 11801	_	Hicksville, NY 11801	
		12/07/2012	· <u>-</u>	M12000006808	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	C T Corporation System			
,	, ,	Registered Agent and Registered Office shown on the records of th	ne Florida	a Dept. of State:	
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	57	
		Plantation , FL_	33324	SECRETARY OF STALLAHASSEE, FLO	
(1	(b)	Corporation Service Company	Y65an add	SEE SEE	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> 1201 Hays Street	Amee auu		
		NEW Registered Office Address:	~**	—————————————————————————————————————	
		Tallahassee, FL_	32301	<u> </u>	
the age wa	cha ent v is/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	the regist bility con the limi	stered office and the business office of the regis ompany, it is hereby confirmed that the change(s nited liability company or as otherwise provided	tered s)
		cure of a premoer or authorized representative of a member	Jill C	Cilmi, Authorized Person	
I i pro the to no	herel ovisi obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ily reflect a change in the registered office address, I ha I in writing of this change.	performa for in C ereby co	Printed or typed name of signee It in this capacity. I further agree to comply with pance of my duties, and I am familiar with and a Chapter 605, F.S. Or, if this document is being confirm that the limited liability company has bee Brace E. Kirby, Asst. Vice President	the ccept filed en