

M16000008398



600401994366

(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:

When the Amendment was first filed, we left the "S" out in Outfitting.

g 2/20/2023

Office Use Only

RECEIVED
FALLAHASSEE, FL

2023 FEB 15 PM 12:48

RECEIVED
STATE
FALLAHASSEE, FL

2023 FEB 17 PM 4:32

RECEIVED

FILED

g 2/20/2023



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 02/14/2023

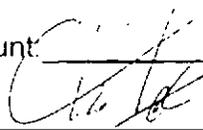
Name: Chris Vick

Reference #: 1909493

Entity Name: SLEEP OUTFITTERS OUTLET, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25.00

Signature: 



115 N. Calhoun St.
Suite 4
Tallahassee, FL 32301
P: 866-625-0838
F: 866-625-0839

cogencyglobal.com

Good morning,

This name change amendment filing is not to reflect a recent change in the entity's home state, but it is an attempt to correct an error. On 7/17/2020, the FL DOS processed the attached name change and misspelled the entity name. Since then, two annual reports have been filed with the incorrect name. Please let me know what must be done to correct this.

Thank you,

-Chris Vick



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2023

COGENCY GLOBAL

SUBJECT: SLEEP OUTFITTER OUTLET, LLC
Ref. Number: M16000008398

We have received your document for SLEEP OUTFITTER OUTLET, LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The certificate or document must show the name change from SLEEP OUTFITTER OUTLET, LLC to SLEEP OUTFITTERS OUTLET, LLC along with the date of the name change.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 023A00003816

REGISTRATION OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 FEB 17 PM 12:10

RECEIVED

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

FILED

2023 FEB 17 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FL

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: SLEEP OUTFITTER OUTLET, 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: M16000008398

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 10/14/2016

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

5. New name of the limited liability company: SLEEP OUTFITTERS OUTLET, 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:

SEE ATTACHMENT PAGE

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<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.

/s/ Bhaskar Rao

Signature of the authorized representative

Bhaskar Rao

Typed or printed name of signee

Filing Fee: \$25.00

REMOVE ALL AUTHORIZED PERSONS CURRENTLY LISTED AND REPLACE WITH THE FOLLOWING:

Michael J. Poppe	President and Chief Executive Officer	1000 Tempur Way Lexington, KY 40511
H. Clifford Buster, III	Executive Vice President	1000 Tempur Way Lexington, KY 40511
Bhaskar Rao	Executive Vice President	1000 Tempur Way Lexington, KY 40511
Diana C. Strickland	Senior Vice President, Chief Human Resources Officer	1000 Tempur Way Lexington, KY 40511
Mohammad Vakil	Vice President, General Counsel and Secretary	1000 Tempur Way Lexington, KY 40511
David C. Hochwalt	Vice President, Global Tax and Assistant Treasurer	1000 Tempur Way Lexington, KY 40511
Carla D. McCarty	Vice President, Corporate Controller	1000 Tempur Way Lexington, KY 40511
James M. Schockett	Vice President, Treasurer and Assistant Secretary	1000 Tempur Way Lexington, KY 40511
Santiago Xavier Bravo	Assistant Treasurer	1000 Tempur Way Lexington, KY 40511

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BURLINGTON MATTRESS CO. LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SLEEP OUTFITTERS OUTLET, LLC" ON THE THIRTEENTH DAY OF JULY, A.D. 2020, AT 3:51 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLEEP OUTFITTERS OUTLET, LLC" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2016.




Jeffrey W. Bullock, Secretary of State

6139745 8320
SR# 20230516145

Authentication: 202713092
Date: 02-14-23

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