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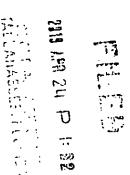
(Requestor's Name)
(Address)
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(Business Entity Name)
(Dusiness Littly Name)
(Document Number)
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TO: Amendment Section Division of Corporations

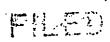
NAME OF CORPOR	ATION: Alliance Bedding	Corporation			
DOCUMENT NUME	P01000041769		<u></u>		
The enclosed Articles	of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	tter to the following:			
	Thomas C Hart				
	Name of Contact Person				
	Alliance Bedding Corporation				
	Firm/ Company				
	207 Heron Dr.				
	Address				
	Palm Coast, Fl. 32137				
		City/ State and Zip Cod	e		
allian	cebedding@aol.com				
		sed for future annual report	notification)		
	·	·			
For further information	econcerning this matter, please	se call:			
Thomas C Hart		at (305	321-0475		
Name (Name of Contact Person Area Code & Daytime Telephone Nun		de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	irtment of State:		
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Cliftor	Address Iment Section on of Corporations i Building Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation

of



Alliance Bedding Corporation

(Name of Corporation as current	tly filed with the Florida Dept. of State		
P01000041769	THU WENT ZIGHT IN BE		
(Document Number of	of Corporation (if known): USE A ANAGULE - FLUEL . 4		
Pursuant to the provisions of section 607,1006, Florida Statutes, this atticles of Incorporation:			
A. If amending name, enter the new name of the corporation:			
N/A	The new		
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:	207 Heron Dr.		
(Principal office address MUST BE A STREET ADDRESS)	Palm Coast, Fl. 32137		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	207 Heron Dr		
	Palm Coast, Fl. 32137		
D. If amending the registered agent and/or registered office add	Iress in Florida, enter the name of the		
new registered agent and/or the new registered office addres	<u>s:</u>		
Name of New Registered Agent N/A			
(Florida st	treet address)		
New Registered Office Address: N/A	, Florida		

 If amending or adding a (Attach additional sheets. 	idditional Articles, en if necessary). (Be si	ter change(s) here pecific)	<u>2</u> :		
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If an amendment provide provisions for implementations.	ies for an exchange, r inting the amendment	eciassincation, or if not contained i	n the amendment i	tself:	
(if not applicable, i	ndicate N/A -				
//A					
	/			.	
					
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title: P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer.held. President, Treasurer. Director would be PTD

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove	, and Sali	ly Smith, SV as an Add.		
Example: X Change	<u>PT</u>	John Doe		
X Remove	<u>V</u>	Mike Jones	/	
_X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		<u>Addres</u> s
1)Change		N/A		
Add				
Remove				
2) Change				
Add			X = X	
Remove				
3)Change		- N/A		
Add				
Remove				
4)Change			_	
Add	/			
Remove				
5) Change	/	N/A		
Add				
Remove				
6) Change		N/A		
Add				
Remove				

	4/19/2019	
The date of each amendment(date this document was signed.	s) adoption:	, if other than the
men at la tel 11 lit	4/19/2019	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this e Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes east for the amendment re sufficient for approval.	n(s)
☐ The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following state. I for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder	lder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder	
4/19/2 Dated	019	
	11/2/1	
Signature	Mull III	
(B ₅	y a director, president or other officer - if directors or officers have not bee	n
	ected, by an incorporator – if in the hands of a receiver, trustee, or other ecpointed fiduciary by that fiduciary)	ourt
·	Thomas C Hart	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	