## PO 2.000 SG SG 4

TO: Amendment Section Division of Corporations	D2 OCT 22
SUBJECT: SLEEP ANGEL INC (Name of corporation)  DOCUMENT NUMBER: P02000 56564	22 PH 1: 48 SSEE. FLORID
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fil	ling.
Please return all correspondence concerning this matter to the following:	
CLARENCE STEPHEN BROWN (Name of person)  Sleep Angel, TNC. (Name of firm/company)	
3148 STRATHAVER ROAD 50000E 3148 (Address) 50000E	3250445—-7 8/02—01022—008 +35.00 *****35.00
MILTON FL 32583 (City/state and zip code)	
For further information concerning this matter, please call:	
C. STEPHEN BROWN at (850) 380 1032 (Name of person) (Area code & daytime telephone number)	

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

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October 10, 2002

CLARENCE STEPHEN BROWN SLEEP ANGEL, INC. 3148 STRATHAUER RD MILTON, FL 32583

SUBJECT: SLEEP ANGEL, INC. Ref. Number: P02000056564

We have received your document for SLEEP ANGEL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6957.

- Letter Number: 702A00056710

Pamela Smith Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

The Company

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,	
this statement of change is submitted for a corporation organized under the laws of the State of	
FLOCIDA in order to change its registered office or registered agent, or both, in the State	
of Florida.	
1. The name of the corporation: Sleep Angel, INC.	-
2. The principal office address: 3148 STRATHAUER ROAD	
MILTON, FL 32583	
3. The mailing address (if different):	
4. Date of incorporation/qualification: NAY 21,2002Document number: P02.00056564	ŀ
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
BETHANY L. BROWN	
3148 STRATHAVER ROAD FIG = C	)
MILTON, FL 32583	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CLARENCE STEPHEN BROWN	
3148 STRATHQUER ROAD (P.O. Box or personal mailbox NOT acceptable)	
MILTON, FL 32583	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
(Signature of an officer, chairman or vice chairman of the board)  (Printed or typod name and title)	
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office addless. I hereby constitute that the corporation has been notified in writing of this change.	
(Signature of Registered Agent) No/No/02 (Date) 25 10/16/02	
If signing on behalf of an entity:  CLANENCE STEPHEN BROWN  PLESIDENT	
(Typed or Printed Name) (Capacity)	

\* \* \* FILING FEE: \$35.00 \* \* \*