P030000 886668

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06 JAN -3 PH 1: 3.
SECRETARY OF STATE

Ny

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SIESTA MATTRESS CORP. (Name of Corporation)
DOCUMENT NUMBER: P0300088668
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
VINCE SQUIRES (Name of Contact Person)
SIBTA MATTLESS COLF. (Firm/Company)
8345 LOCKWOOD RIDGE RA (Address)
SALASUTA FL 34243. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (GU) 650 (007 (Area Code & Daytime Telephone Number)
England in a \$25.00 shook made poughle to the Donortment of State

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provi statement of change i in order to c		poration organized	under the lav	vs of the State of $_$	PLORIST	
1. The name of the co	erporation: Sta	STA MAT	MESS	CORP.		_
2. The principal offic	e address: 83	345 LOCK	(wood	RINGE RO		-
3. The mailing address						-
4. Date of incorporati	ion/qualification: <u>A</u>	44 13th 2005	Document i	number: <u>Po3</u>	000088668	_
5. The name and stre Florida Departmen	nt of State:					
REG AGENT -	WESTLENS	CONSULTIN	9,220	O N. TUTTLE	E AUE SARASTA F	L3423
esci office -	3604 A	OSPREY AVE	E, SAR	ASOTA FX	E AUE SABASTA F 34 .2 39	
6. The name and stre (if changed):				_	经复工	
REG AGENT LEG OFFICE	8345 (P.O.	LOCKWOOA BOX NOT acceptable) 4 PL 341	RISGE.	es	FILED AN -3 PM 1: 34 AN ASSEE FLORID	
The street address o as changed will be i					_	
Such change was au authorized by the bo						
Mains	an officer or director)		VW	CE SQUA	235	
			gree to act in relative to t tion of my po gistered offic	this capacity he proper and co sition as register ce address, I here	mplete performance ed agent. Or, if this eby confirm that the	
/ Kg Live	e of Registered Agent)		12/	23/05.		
If signing on behalf				(Date)		

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