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(Requestor's Name)

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(City/State/Zip/Phone #)

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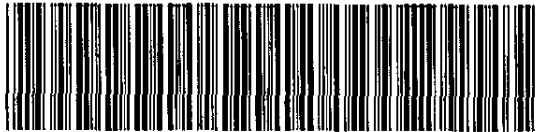
(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SIESTA MATTRESS CORP
(Name of Corporation)

DOCUMENT NUMBER: P03000088668

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)

SIESTA MATTRESS CORP.
(Firm/Company)

8345 LOCKWOOD RIDGE RD
(Address)

SARASOTA FL 34243.
(City/State and Zip Code)

For further information concerning this matter, please call:

VINCE SQUIRES at (941) 650 1007
(Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

