

PD 500013829/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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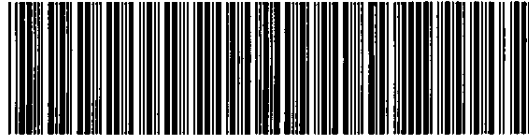
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 MAY 23 AM 11:07

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SLEEPVIEW DIAGNOSTICS, INC.
Name of Corporation

DOCUMENT NUMBER: P05000138291

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:

Linda L. Fleming, Esq
Name of Contact Person

Carlton Fields, P.A.
Firm/Company

P.O. Box 3239
Address

Tampa, FL 33601-3239
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce F. Bentubo at (813) 223-7000
Name of Contact Person Area Code & Daytime Telephone Number

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

CF check # 505772

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 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sleepview Diagnostics, Inc.
2. The principal office address: 6351 25th Avenue North, St Petersburg, FL 33710
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/07/2005 Document number: P05000138291
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Fleming, Linda L Esq

401 East Jackson Street Suite 2500

Tampa FL 33602 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CFRA, LLC

100 S. Ashley Drive, Ste 400

P.O. Box NOT acceptable

Tampa, FL 33602

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]
Signature of an officer or director

Louise E. Parker Pres/CIO
Printed or typed 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 address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

05-19-11
Date

If signing on behalf of an entity:

Joyce F. Bentubo

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
MAY 23 AM 11:07
TALLAHASSEE, FLORIDA