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SECRETARY OF STATE

R.A. Change

C. Coulliette AUG 2 2 2007

COVER LETTER

| SUBJECT: THE MATTRESS STAR CORP. (Name of Corporation) DOCUMENT NUMBER: 9 07 0000 6278 | |
|--|---------|
| DOCUMENT NUMBER: 9 07 00000 6278 | |
| DOCORDAT NUMBER | |
| | |
| 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: | |
| | |
| NOOR F. HAKIM | |
| (Name of Contact Person) | |
| | |
| THE MATTRESS STAR CORP (Firm/Company) | |
| (rum/company) | |
| 4520 W. COLONIAL DR | |
| (Address) | |
| | |
| ORLANDO, FL 32808 | |
| (City/State and Zip Code) | |
| For further information concerning this matter, please call: | |
| NOOR F. HAKIM 295-8730 | |
| NOOR F. HAKIM at (407) 295-8730 (Name of Contact Person) (Area Code & Daytime Telephone) | Vumber) |
| Enclosed is a \$35.00 check made payable to the Department of State. | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building | |
| Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 | : |

CR2E045 (\$705)

Gina Hakim

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

| statement of chan | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida. | |
|---|--|---|
| 1. The name of the | ne corporation: THE MATTRESS STAR CORP | |
| | office address: 4520 W. COLONIAL DR | |
| | dress (if different): | |
| 4. Date of incorpo | oration/qualification: 1-16-07 Document number: P 0700000 L | <u>,2</u> ° |
| 5. The name and s Florida Departs | street address of the current registered agent and registered office on file with the ment of State: | |
| 9 | GINA HAKIM | |
| - | 4520 W. COLONIAL DR | J.SEC |
| - (| ORLANDO, FL 32808 | ŽŽ |
| 6. The name and s (if changed): | and a second of the new restriction aftern (in committee) and to restrict ourse | AHASSEE, F |
| 1 | NOOR F. HAKIM | 7.0 2.0 2.0 3.0 4.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5.0 5 |
| 4 | 4520 W. COLONIAL DR | 30,6 |
| <u>c</u> | (P.O. Box NOT acceptable) ORLANDO, FL 32808 | |
| The street address as changed will be | s of its registered office and the street address of the business office of its registered agen te identical. | 1 , |
| Such change was authorized by the | authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. | |
| S Brance | rof an officer of director) (Printed or types rianted size in the control of types r | • |
| l hereby accept th I harher agree to of my duties, and i docionent is being corporation has b | he appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete performant I am familiar with and accept the obligation of my position as registered agent. Or, if the gifted merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. | ce iis ie |
| TOP Ha | Abure of Registered Agent) × 08/14/2007 | • |
| f signing on beha | ulf of an entity: | |
| NOOR F. | Haki M ped 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 CR2E045 (8/05)

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