

P07000115553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

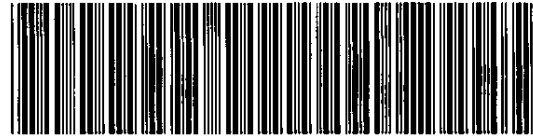
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 JUL 16 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADR
7/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bed-Masters of Tampa Bay, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000115553

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:

Ingrid P. Contes
Name of Contact Person

Bed-Masters of Tampa Bay, Inc.
Firm/Company

5226 E. Hillsborough Ave, Ste B
Address

Tampa, FL 33610
City/State and Zip Code

bedmasters@verizon.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ingrid P. Contes at (813) 620-1383
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

**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: Bed Masters of Tampa Bay, Inc.
2. The principal office address: 5226 E. Hillsborough Ave, Ste B, Tampa, FL 33610
3. The mailing address (if different): 18620 Merseyside Loop, Land O' Lakes, FL 34638
4. Date of incorporation/qualification: 10/22/2007 Document number: P07000115553
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)

Ingrid P. Gonzalez

16820 Merseyside Loop

Land O' Lakes, FL 34638

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

Ingrid P. Contes

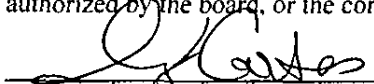
18620 Merseyside Loop

P.O. Box NOT acceptable

Land O' Lakes, FL 34638

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 or director

Ingrid P. Contes / President

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 of Registered Agent

7/12/2010

Date

If signing on behalf of an entity:

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

CR2E045 (8/05)

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