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TELL ALL THE SECTION OF THE SECTION

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: RKURMAN ENTERPRISES INC.
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
RON KURMAN
Name of Contact Person
RKIRMAN ENTERPRISES INC.
Firm/ Company
3580 GATEWAY DR
Address RMP BLE BEACH, FL 33069 City/ State and Zip Code
KUN- KURM MN @ CRAFTMATIC-CCM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: CON VILMAN at (COS) DESCRIPTION Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Set Status Stat
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

ALTICICS OF AMERICAN

to

Articles of Incorporation

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RKURMAN	ENTERPRISES	INK
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(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. It amending name, enter the new nam	ie of the corporation	<u>1:</u>			
ADJUTABLE BED EN	JTERPHISES 1	NC.		The r	1ew
name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	in the word "corp the designation "Co	oration," "company orp," "Inc," or "Co	". A professional		
B. Enter new principal office address, if	applicable:				
(Principal office address <u>MUST BE A STI</u>	REET ADDRESS)	- N/A	\		
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF			A		
D. If amending the registered agent and/new registered agent and/or the new of New Registered Agent:		· · ·	enter the name o	f the	
		MA			
New Registered Office Address:	(Flori	da street address)			
			, Florida		
	(City)		(Zip Code)		
New Registered Agent's Signature, if cha	nging Registered A	gent:			
I hereby accept the appointment as register			the obligations of	the positio	on.
	Signature of New	Regille ed Agent, if	changing		TATE OF THE PROPERTY OF THE PR
				30 P.	. 1

	of each Officer and/or Director being	
ditional sheets, if necessary)	oreach Officer and/or Director ben	g auueu.
<u>Name</u>	<u>Address</u>	Type of Action
	\	☐ Add☐ Remove
		— •
, "	MX	
ions for implementing the a		
	NA	
	Name Inding or adding additional Anadditional sheets, if necessary And title, name, and address ditional sheets, if necessary Inding or adding additional Anadditional sheets, if necessary	Name Address Name Address Address

1 110 UHIO UI CHOM HIMOMUMOM	4125111
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
• •	re approved by the shareholders through voting groups. The following statemend for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	,,
•	(voting group)
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	4/85/11
Signature	
(By	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	RONALD KORMAN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)