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COVER LETTER

	Amendment Section Division of Corporations					
SUBJEC	CT: ADJUSTABLE BED ENT Name of Corp					
DOCUM	MENT NUMBER: P1000	0000136				
The encl	losed Statement of Change of Registered Office/A	gent and fee are submitted for filing.				
Please re	eturn all correspondence concerning this matter to	the following:				
Steven L. Alves						
Name of Contact Person						
ADJUSTABLE BED ENTERPRISES INC.						
Firm/Company						
	3580 Gateway Dr.					
	Addres	S				
Pompano Beach, FL 33069						
	Pompano Beach, FL 33069 City/State and Zip Code					
steven.alves@craftmatic.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Steven L. Alves	at (800) 245-0205 Area Code & Daytime Telephone Number				
	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				

CR2E045 (8/05)

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

statement of chan	ge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Stat	te of Florida		
	e corporation: ADJU		ENTERPRISES			
	Beach, FL 33069					
5. The maning act	diess (ii different)					
4. Date of incorpo	pration/qualification:	01/01/2010	Document number:	P1000000136		
	street address of the current of State: (If resigne		and registered office on f	ile with the		
<u>_l</u>	KORMAN, RONALD S (Resigned)					
<u>:</u>	3580 Gateway Dr.					
<u>_l</u>	Pompano Beach, F	L 33069				
(if changed):			changed) and /or register	ed office		
<u>/</u>	ALVES, STEVEN L	•				
<u> </u>	3580 Gateway Dr.					
<u> </u>	P.O. Box NOT acceptable Pompano Beach, FL 33069					
The street address as changed will b	s of its registered office e identical.	e and the street add	ress of the business office	. 27		
Such change was authorized by the	authorized by resoluti board, or the corporat	on duly adopted by ion has been notifie	its board of directors or ed in writing of the chang	by an officer so e.		
Signature	of an officer or director		Steven L. Alves	(President)		
I hereby accept the I further agree to of my duties, and document is being corporation has be	ne appointment as regi comply with the provi I am familiar with and g filed merely to reflect een nonfied in writing	stered agent and as sions of all statutes l accept the obligat t a change in the re of this change.	gree to act in this capacit relative to the proper an ion of my position as reg gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the		
	ture of Registered Agent	<u>) </u>	09/06/2	011		
If signing on beha	• •		Date			
Tune	ed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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