Florida Department of State

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(((H11000029673 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN GOLDEN/CAROLINA SLEEP PRODUCTS INC

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February 4, 2011

FLORIDA DEPARTMENT OF STATE

GOLDEN/CAROLINA SLEEP PRODUCTS INC

SUITE M

FORT WALTON BEACH, FL 32547

SUBJECT: GOLDEN/CAROLINA SLEEP PRODUCTS INC

REP: P10000057453

We have received your document for GOLDEN/CAROLINA SLEEP PRODUCTS INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the Adoption of Amendment please shack only one box.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H11000029673 Letter Number: 611A00002998

RECEIVED

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, , ,	Articles of Amendment to Articles of Incorporation of	2011 FEB -4 PM 4: 4
	Carolina Sleep Products	
(Name of Corporation as	currently filed with the Florida D	ent of State)
	210000057453	
(Document	Number of Corporation (if known))
Pursuant to the provisions of section 607 amendment(s) to its Articles of Incorporation	7.1006, Florida Statutes, this <i>Flori</i> on:	da Profit Corporation adopts the following
A. Hamending name, enter the new name	ne of the corporation:	
Carolin	na Mattress Factory, Inc.	The new
name must be distinguishable and contrabbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered,"	r the designation "Corp." "Inc." :	or "Co". A professional corporation
B. Enter new principal office address, if (Principal office address MUST BE A ST.		
C. Enter new mailing address, if applic (Mailing address MAY BE A POST O	able: FFICE BOX)	
D. If amending the registered agent and new registered agent and/or the new	/or registered office address in F registered office address;	lorida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addı	ress)
	(City)	, Florida (Zip Code)
		(my want)
New Registered Agent's Signature, if the I hereby accept the appointment as register	anging Registered Agent: red agent. I am familiar with and	accept the obligations of the position.

Signature of New Registered Agent, if changing

removed at	ed title, name, and address of each	er the fifte and name of each officer/of Officer and/or Director being added:	rector Deing
(Attach ada <u>Title</u>	itional sheets, if necessary) Name	Address	Type of Action
<u>P</u>	Mark Musselwhite	656 North Beat Pkwy Suite M Fort Walton Beach, FL 32547	☑ Add ☐ Remove
<u>P</u>	S. Elvis Musselwhite	656 North Beat Pkwy Suite M Fort Walton Beach, FL 32547	☐ Add ☑ Remove
<u>VP</u>	S. Elvis Musselwhite	656 North Beal Pkwy Suite M Fort Walton Beach, FL 32547	☑ Add ☐ Remove
	ding or adding additional Articles, ddittonal sheets, if necessary). (Be	enter change(s) here: specific)	
(attach a	aumonai sneets, tj necessary). (Se	specific)	
provisi	mendment provides for an exchang one for implementing the amendment applicable, indicate N/A)	e, reclassification, or cancellation of issent if not contained in the amendment	sped shares. itself:
<u> </u>		MACO.	

and the second of the second o

The date of each amondment	(s) edoption: February 1, 2011	
	(date of adoption is required)	
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
	re adopted by the shareholders. The number of votes cast for the amendu era sufficient for approval.	ent(s)
	re approved by the chareholders through voting groups. The following stand for each voting group extitled to vote separately on the amendment(s):	Jemei
"The number of votes	cast for the emendment(s) was/were sufficient for approval	
by	(voling group)	
	(would be pub)	
. The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder ection and shareh	rolder
The amendment(s) was/we setten was not required.	re adopted by the incorporators without shareholder action and shareholde	NT.
Dated Fabi	tuary 1, 2011	
	C Q 1.	
45 2	Chefin	
sola	I director, president or other officer - if directors or officers have not becomed, by an incorporator - if in the hands of a receiver, trustee, or other continued fiduciary by that fiduciary)	
***	ander right of the surround;	
	S. Eivis Musselwhite	
	(Typed or printed name of person signing)	
	President	
	(Title of nemon signing)	