(Re	equestor's Name)		
(Address)			
(Ad	łdress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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## **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: The Sofabed Company
DOCUMENT NUMBER: P1000102198.
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:  CoH Decube//S  Name of Contact Person
The SCHABED Company
PO BOX 880384  Address
BOXA Raton FL 33488  City/ State and Zip Code
Box A Raton FL 33488  City/ State and Zip Code  SCOTT C The SOFAbed Companys, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Decube //s at (954) 567-71700  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 Secretificate of Status Status Status Status Status Status Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



July 6, 2011

SCOTT DECUBELLIS THE SOFABED COMPANY P.O. BOX 880384 BOCA RATON, FL 33488

SUBJECT: THE SOFABED COMPANY

Ref. Number: P10000102198

We have received your document for THE SOFABED COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is incomplete and photo copies are not acceptable.

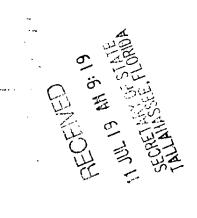
The document must have original signatures.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 211A00016065



## Articles of Amendment to Articles of Incorporation

of

The Sofabed (	om DANY		1/9	
(Name of Corporation as currently filed with the Florida Dept. of State)				
7100	000102198.			
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corporation adopts the following	llowing	
A. If amending name, enter the new name of	the corporation:			
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc,'	" or "Co". A professional corporation	e	
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC				
D. If amending the registered agent and/or renew registered agent and/or the new registered.		Florida, enter the name of the		
Name of New Registered Agent:	crea once address.	·		
New Registered Office Address:	(Florida street add	dress)		
	(City)	, Florida (Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent: ent. I am familiar with and	d accept the obligations of the position.		
<u></u>	anature of New Registered	Agent if changing		

If amending the Officers' and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>		Address	Type of Action
VP_		ot Falusi	PO BUX 880384 BOCA Raton FL 33488	Add Remove
echany	INATA S	ilva	PO BOX 880384 BOLA Raton FL 33488	Add □ Remove
				☐ Add ☐ Remove
			assification, or cancellation of iss	
	not applicable, indi		not contained in the amendment in	<u>iseii:</u>
<del> </del>				
	<del> </del>			

The date of each amendment(s) ac	dention: (231)
The date of each amendment(s) at	(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/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	ng group)
(voti	ng group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 6/0	23/11
selected,	ector, president or other officer—if directors or officers have not been by an incorporator—if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Scott Decebellis
	(Typed or printed name of person signing)
•	President
	(Title of person signing)