## P110000076936

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: MATRESS F.	low'da CORP ame of Corporation	
DOCUMENT NUMBER: $\frac{1}{2}$ 0//c	00070936	
The enclosed Articles of Correction and fee	e are submitted for filing.	
Please return all correspondence concernin	g this matter to the following:	
Luis Remie Name of Contact Person		
MATRESS FLORISM C	Corp.	
1834 ISLEBROOK DIVE		
Orlando, Florida 328	24	
City/State and Zip Code  E-mail address: (to be used for future annual rep		
For further information concerning this ma	tter, please call:	
Luis Remie Name of Contact Person	at (YGZ) YO 4-0779  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amou	nt:	
\$35.00 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	
\$\Bigcup \\$43.75 \text{ Filing Fee & Certified Copy}	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
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	

## ARTICLES OF CORRECTION

for
MATRESS FLORISM CORP  Name of Corporation as currently filed with the Florida Dept. of State
Po 11000070936  Document Number (if known)
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.
These articles of correction correct <u>ARTICLES OF INCORPORATIONS</u> (Document Type Being Corrected)
filed with the Department of State on & 20//
Specify the inaccuracy, incorrect statement, or defect:  Please Correct corporate name from matrice floring co
to MATTRESS FloriDA CORF.
Correct the name of Vice President Luis Remisto
Correct the inaccuracy, incorrect statement, or defect:  Correct Comporate Name to MATTRESS ELORIDA Comp.
Correct hiel President name to huis Remie
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)
Typed or printed name of person signing)  (Title of person signing)

Filing Fee: \$35.00