P110000085578

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COVER LETTER /

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Furnifure	and Muthress, In	. C.
DOCUMENT NUMBER: P 11 0000 8557	8	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Steven Gilde Name	Cρρ of Contact Person	
Steven A Goldey F	irm/ Company	
4014 Chase Avenue,	# 718 Address	
Milam! Beach, FL City!	33140 State and Zip Code	
South Flor I dat Du O ya. E-mail address: (to be used for	future annual report notification)	
For further information concerning this matter, plea	ase call:	
Steven & Golden CPA Name of Contact Person	at (<u>305</u>) <u>534-7/6</u> Area Code & Daytime Telep	hone Number
Enclosed is a check for the following amount made	payable to the Florida Departm	ent of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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	



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2011

STEVEN GOLDEY CPA, P.A. 4014 CHASE AVE #218 MIAMI BEACH, FL 33140

SUBJECT: FURNITURE & MATTRESS, INC.

Ref. Number: P11000085578

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

Please check only one box on the amendment form regarding the adoption of the amendment.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 611A00023182

Articles of Amendment

to Articles of Incorporation of	2011 OCT ED
Furniture & Mattress, Inc. (Name of Corporation as currently filed with the Florida I	Dept. of State)
1 0000 8 55 7 8 (Document Number of Corporation (if known	ORIO,

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

ne must be distinguishable and con	Mattress,	Inc.	The
me must be distinguishable and corbreviation "Corp.," "Inc.," or Co.," me must contain the word "chartered,"	or the designation "Co	orp." "Inc," or '	'Co". A professional corpord
Enter new principal office address, incipal office address MUST BE A S			
Enter new mailing address, if appli (Mailing address MAY BE A POST of			
If amending the registered agent an new registered agent and/or the new			da, enter the name of the
			da, enter the name of the
Name of New Registered Agent:	v registered office add	lress:	
new registered agent and/or the new	v registered office add)
new registered agent and/or the new Name of New Registered Agent:	v registered office add	lress:	
Name of New Registered Agent: New Registered Office Address:	registered office add	lress: da street address,) , Florida
new registered agent and/or the new Name of New Registered Agent: New Registered Office Address: W Registered Agent's Signature, if cl	registered office add (Florial (City))	lress: da street address, gent:	, Florida (Zip Code)
Name of New Registered Agent:	registered office add (Florial (City))	da street address, gent: liar with and acce	, Florida, Florida (Zip Code) ept the obligations of the positi

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
	V/A		☐ Add☐ Remove
			☐ Add ☐ Remove
			☐ Add
E. If amen (attach a	nding or adding additional Argadditional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
provisi	ions for implementing the am not applicable, indicate N/A)	change, reclassification, or cancelle endment if not contained in the am	ation of issued shares, endment itself:

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable: (no more than 90 days after amendment file date)
(ve vie e vien, ve saye syver amazini, yaz amay
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 ."
by" (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(*) was were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 10/13/11
Signature Stewn A Jobbes (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed dame of person signing)
Theorem a for (Title of person signing)