Division of Corporations

Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000124399 3)))



H130001243993ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page: Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN CARRIBEAN MATTRESS EXPORTERS INC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

6/4/2013

EMPIRE CORP



Articles of Amendment to Articles of Incorporation of

CARRIBEAN MATTRESS EXPORTERS INC (Name of Corporation as currently filed with the Florida Dept. of State) P13000031146 (Document Number of Corporation (if known) Pursuant to the provisious of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicables (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX) D. If amending the registered seem and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida sweet address) New Registered Office Address: Florida (Clay) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Page 1 of 4

H3001) 124399

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)

Please note the officer/director title by the first letter of the office title:

P - President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	PT .	John Dos	
X Remove	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Narrie</u>	Address
1) Change	<u>P</u>	IONA, JOSEPH	3508 N FEDERAL HIGHWAY
X Add		•	FORT LAUDERDALE, FL 33306
2) Change	P	SCOTT E ITKIN	5001 S UNIVERSITY DR STE B
X			DAVIE, FL 33328
Remove			****
3) Change			-
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6)Change	`	·	
Add			**************************************
Вещоче			

Page 2 of 4

TATIOCH /////////	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
J/A				
	·			
				
			<u> </u>	
	_			
_ 				
·				
				····
		····		
-				
				
	····			
•				
If an amendme	nt provides for an exc implementing the am licable, indicase N/A)	thange, reclassification, mendment if not contain	or cancellation of issued shi ed in the amendment itself:	ires.
(if not app.				
(if not app.			· · · · · · · · · · · · · · · · · · ·	
(if not app.				
(if not app.				
(if not app.				
(if not app.				
(if not app.				
(if not app.				
(if not app.				
(if not app.				
(if not app.				
Drevisions for (if not app.				

Page 3 of 4

The date of each amendment(s) a	adoption: JUNE 4, 2013
Effective date if applicable:	PON FILING
Enternas dan u ablucanne:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad by the shareholders was/were a	lopted by the shareholders. The number of votes cast for the emendment(s) ufficient for approval.
The amendment(s) was/were ap must be separately provided for	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 case	t for the amendment(s) was/were sufficient for approval
by	
-	(voting group)
action was not required. The amendment(s) was/were ad action was not required.	topted by the board of directors without shareholder action and shareholder topted by the incorporators without shareholder action and shareholder
Dated JUNE	4, 2013
Signature	HAMIA
(By a c	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other countred fiduciary by that fiduciary)
	SCOTT E. ITKIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Page 4 of 4

H13000124399