

P17000074061

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : 120160000048
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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

Email Address: _____

**REGISTERED AGENT CHANGE
PILLOW, INC.**

Certificate of Status	0
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Page Count	01
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NOV 27 2017

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Corporate Filing Menu

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11/22/2017 9:00:10 AM PAGE 1/001 Fax Server



November 22, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PILLOW, INC.
124 5TH STREET NORTH
JACKSONVILLE BEACH, FL 32250

SUBJECT: PILLOW, INC.
REF: P17000074061

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

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Irene Albritton
Regulatory Specialist II

FAX Aud. #: H17000305536
Letter Number: 117A00023673

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17 NOV 22 PM 12:16
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314



November 21, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PILLOW, INC.
124 5TH STREET NORTH
JACKSONVILLE BEACH, FL 32250

SUBJECT: PILLOW, INC.
REF: P17000074061

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Irene Albritton
Regulatory Specialist II

FAX Aud. #: E17000305536
Letter Number: 017A00023567

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: PILLOW, INC.
2. The principal office address: 124 5TH STREET NORTH, JACKSONVILLE BEACH, FL 32250
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/5/2017 Document number: P17000074061
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LUTHRINGER, IAN P, ESQ.

124 5TH STREET NORTH

Street Address

JACKSONVILLE BEACH

FL

32250

City

State

Zip Code

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.

515 East Park Avenue 2nd Fl

Street Address

P.O. Box NOT acceptable

Tallahassee

FL

32301

City

State

Zip Code

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
Signature of an officer or director

Jesse Mastro, COO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

11-20-17
Date

If signing on behalf of an entity:

Delanie Case, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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