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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: COMFORT SOU | RCE SLEEP CENTER, IN | C | | |
|--|--|--|--|--|--|
| DOCUMENT NUM | DISMANAGASAS | | | | |
| The enclosed Article. | s of Amendment and fee are st | abmitted for filing. | , | | |
| Please return all corr | espondence concerning this ma | utter to the following: | | | |
| | Bryan L. Loeffler, Esq. | | | | |
| | Name of Contact Person | | | | |
| | Livingston Loeffler, P.A. | | | | |
| | | Firm! Company | | | |
| | 963 Trail Terrace Drive | | | | |
| | | Address | | | |
| | Naples, FL 34103 | | | | |
| | | City/ State and Zip Cod | e e | | |
| in(a) | liplaw.com | | | | |
| 10 | | sed for future annual report | notification) | | |
| | | in the same and th | The state of the s | | |
| For further information | on concerning this matter, plea | se call: | | | |
| Bryan L. Loeftler | | at (| 262-8502 | | |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check fo | or the following amount made | payable to the Florida Depa | ortment of State; | | |
| S35 Filing Fee | ■S43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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 | | Amend Divisio The Co 2415 N | Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, F1, 32303 | | |

Articles of Amendment to Articles of Incorporation of

| infint Cousce | <u> 3/200 Ce</u> | uter: IN | <u> </u> | |
|--|--|--|---|---|
| f Corporation as currently f | iled with the Florida Dep | t. of State) | | |
| (Document Number of C | orporation (if known) | | | |
| 006, Florida Statutes, this Flo | orida Profit Corporation a | dopts the following | g ameno | lment(s) to |
| me of the corporation: | | | | |
| | | | | new. |
| 'orp," "Inc," or "Co". A p | npany," or "incorporated" professional corporation r | or the abbreviation on the must contain | n "Cor n the w | p" cord |
| <u>if applicable:</u> TREET ADDRESS) | | | | |
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| cable: <u>OFFICE BOX</u>) | | | | |
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| idlor registered office addre | ss in Florida, enter the na | ime of the · ' | ယ် | |
| w registered office address: | | | Ξź | • |
| LIVINGSTON LOEFFLER | P.A. | <u>:</u> '· | _ _ _ | 7 |
| 963 TRAIL TERRACE DRI | VE | Γ. | | |
| (Florida stree | t address) | | _ | |
| NAPLES | | , Florida 34103 | | |
| (0 | City) | (Zip | Code) | <u></u> |
| tered agent. I am familiar wi | th and accept the obligation | | | |
| | (Document Number of Colon, Corp., Cor | (Document Number of Corporation (if known) (Document Number of Co | the word "corporation: The word "corporation," "company," or "incorporated" or the abbreviation or the abbreviation or the abbreviation "P.A." If applicable: TREET ADDRESS Indior registered office address in Florida, enter the name of the way registered office address: LIVINGSTON LOEFFLER P.A. 963 TRAIL TERRACE DRIVE (Florida street address) NAPLES Plorida (City) The address of the position. Changing Registered Agent: tered agent. I am familiar with and accept the obligations of the position. | (Document Number of Corporation (if known) 1006, Florida Statutes, this Florida Profit Corporation adopts the following amend the word "corporation." "company," or "incorporated" or the abbreviation "Corporation or the abbreviation "P.A." If applicable: TREET ADDRESS icable: OFFICE BOX) Ind/or registered office address in Florida, enter the name of the wregistered office address: LIVINGSTON LOEFFLER P.A. 963 TRAIL TERRACE DRIVE (Florida street address) NAPLES Florida (City) Florida 1403 (City) Changing Registered Agent: thered agent. I am familiar with and accept the obligations of the position. |

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:

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

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 | <u>PT</u> | John Doe | |
|-------------------------------|--------------|--------------------------------------|----------------------------|
| X Remove | <u>V</u> | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | VP | LOTITO, MICHAEL | 5295 Ferrari Ave. |
| Add | | | Ave Maria, FL 34142 |
| X Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | - - |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | - | - | |
| Add | | | |
| Remove | | | |
| | | Page 2 of 4 | |
| E. If amending or addit | ng additio | onal Articles, enter change(s) here: | |

(Attach additional sheets, if necessary). (Be specific)

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| F. If an amendment provides for an exchange, reclassification, or cancellation of issued sharprovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | res, |
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| Page 3 of 4 | |
| | |
| The date of each amendment(s) adoption: November 2, 2019 ate this document was signed. | , if other than the |
| | |
| Effective date <u>if applicable</u> : | |
| (no more than 90 days after amendment file date | |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
|--|--|---|
| ■ The amendment(s) was/were adop by the shareholders was/were suf | nted by the shareholders licient for approval. | The number of votes cast for the amendment(s) |
| ☐ The amendment(s) was/were appromist be separately provided for a | oved by the shareholders each voting group entitle | s through voting groups. The following statement of to vote separately on the amendment(s): |
| "The number of votes east t | or the amendment(s) was | s'were sufficient for approval |
| by | | |
| • —— | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required | oied by the board of direc | ctors without shareholder action and shareholder |
| ☐ The amendment(s) was were ado action was not required | pted by the incorporators | s without shareholder action and shareholder |
| Dated | +21-19 | officer – if directors or officers have not been |
| <u>`</u> | Selenas 1 | |
| .selectec | rector; president or other l, by an incorporator – if ed tiduciary by that tiduc | in the hands of a receiver, trustee, of other cours |
| | Denise M. Vedrenne | |
| | (Typed or prin | nted name of person signing) |
| | President of COMFORT | I SOURCE SLEEP CENTER, INC. |
| | (Title of person signing) | |
| | | |