## P18000016674

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: HALF PRICE   | MATTRESS WEST, INC.   | _   |
|---------------------------|---|---|---|
| DOCUMENT NUMB             | ER: P18000016674  |   |   |
| The enclosed Articles of  | of Amendment and fee are su   | bmitted for filing.   |   |
| Please return all corresp | condence concerning this ma   | utter to the following:   |   |
|                           | HAYDEE BARON, PF  | RESDIENT  |   |
| -                         | ,   | Name of Contact Persor  | 1   |
|                           | HALF PRICE MATTR  | ESS WEST, INC.  |   |
| -                         |   | Firm/ Company   |   |
|                           | 6627 63rd Ter E   |   |   |
|                           |   | Address   |   |
|                           | Bradenton, FL 3420  | )3  |   |
| -                         | - · · · · ·   | City/ State and Zip Cod   | 2   |
|                           | info@hpmattress.  | com   |   |
| -                         | E-mail address: (to be u  | sed for future annual report                                      | notification)   |
| For further information   | concerning this matter, plea  | se call:  |   |
| HAYDEE BARON, I           | PRESDIENT   | at ( 941  | 586-7397  |
| Name o                    | Contact Person  |   | de & Daytime Telephone Number   |
| Enclosed is a check for   | the following amount made   | payable to the Florida Depa                                       | ortment 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)                |
| Amei<br>Divis<br>P.O.     | ing Address Indment Section Ion of Corporations Box 6327 hassee, FL 32314 | Amend<br>Divisio<br>The C   | Address<br>Iment Section<br>on of Corporations<br>entre of Tallahassee<br>N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

10.

## HALF PRICE MATTRESS WEST, INC.

| (Name of Corporation as currently filed with the Florida Dept. of State)   |
|--|
| P18000016674   |
| (Document Number of Corporation (if known)   |
| Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:   |
| A. If amending name, enter the new name of the corporation:  MATTRESS HOME, INC.  The new  |
| 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 applicable: (Principal office address MUST BE A STREET ADDRESS)  |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |
| D. If amending the registered agent 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 street address)   |
| New Registered Office Address:, Florida, City)   |
| 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 P Astered Agent, if changing  |
| Check if applicable  |

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, add 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 = Two President: T = Treasurer: S = Secretary; D = Director: TR = Trustee: C = Chairman or Clerk: CtO = 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.

President. Treasurer, Director would be PTD,
Changes should be noted to 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 leave, 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:<br><u>X</u> Change   | PT John Doe                  |                 |
|-------------------------------|------------------------------|-----------------|
| X Remove                      | <u>V</u> <u>r like Jones</u> |                 |
| <u>X</u> Add                  | <u>SV Sall Smith</u>         |                 |
| Type of Action<br>(Check One) | <u>Title</u> <u>Name</u>     | <u>Addres</u> s |
| 1) Change                     |                              |                 |
| Add                           | \                            |                 |
| Remove                        | \                            |                 |
| 2) Change                     |                              |                 |
| Add                           | \                            |                 |
| Remove 3) Change              |                              | <u> </u>        |
| Add                           |                              |                 |
| Remove                        |                              |                 |
| 4) Change                     |                              |                 |
| Add                           |                              |                 |
| Remove                        |                              |                 |
| 5) Change                     | /                            |                 |
| Add                           |                              |                 |
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| 6) Change                     |                              |                 |
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HALF PRICE MATTRESS WEST, INC. DOCUMENT NUMBER: P18000016674

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| amendment provides for an exchange, visions for implementing the amendme | reclassification, or can<br>it if not contained in the | ellation of issued shares, expendment itself: |            |
| (if not applicable, indicate N/A)  |  |   |            |
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| The date of each amendment(s) adde this document was signed.          | adoption: SEPTEMBER 10, 2021  | , if other than the               |
|---|---|-----------------------------------|
| Effective date if applicable:   | OCTOBER 1, 2021   |                                   |
| Effective date <u>if applicable</u> :                                 | (no more than 90 days after amendment file date)  |                                   |
| Note: If the date inserted in this document's effective date on the E | block does not meet the applicable statutory filing requirements, the Department of State's records.  | is date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )  |                                   |
| The amendment(s) was/were action was not required.                    | dopted by the incorporators, or board of directors without shareholder  | action and shareholder            |
| ☐ The amendment(s) was/were ac<br>by the shareholders was/were s      | lopted by the shareholders. The number of votes cast for the amenda sufficient for approval.  | nent(s)                           |
|   | oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):   |                                   |
| "The number of votes cas  | st for the amendment(s) was/were sufficient for approval  |                                   |
| by SHAREHOLI  | DERS  |                                   |
|   | (voting group)  |                                   |
| ` SEPTE<br>Dated  | EMBER 10, 2021  |                                   |
|   | Haydee Baron  |                                   |
| select  | director, president or other officer – if directors or officers have not be ed, by an incorporator – if in the hands of a receiver, trustee, or other nted fiduciary by that fiduciary) |                                   |
|   | HAYDEE BARON  |                                   |
|   | (Typed or printed name of person signing)   |                                   |
|   | PRESIDENT   |                                   |
|   | (Title of person signing)   |                                   |