

P18000056574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

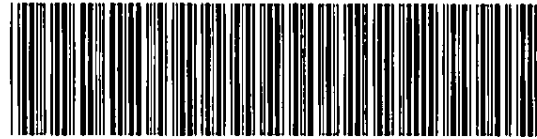
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 OCT 29 P 2 11

MASSACHUSETTS

OCT 30 2018
T. LEMMON

RC

Change OF ADDRESS FOR
Registered Agent
COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MATTRESS EXPRESS INC
Name of Corporation

DOCUMENT NUMBER: P18000056574

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FABIAN GARCIA
Name of Contact Person

MATTRESS EXPRESS INC
Firm/Company

NEW Registered Agent Address → 7604 LAKE SIDE BLVD
Address

TAMPA FL 33614
City/State and Zip Code

MATTRESS EXPRESS 100@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FABIAN at (813) 431-7588
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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 15, 2018

FABIAN GARCIA
7604 LAKESIDE BLVD
TAMPA, FL 33614

SUBJECT: MATTRESS EXPRESS INC
Ref. Number: P18000056574

Fabian *Gm*

We have received your document for MATTRESS EXPRESS 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):

The document was not included.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 818A00020984

RECEIVED

2018 OCT 29 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FL

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: MATTRESS EXPRESS INC
2. The principal office address: 7604 LAKESIDE BLVD
TAMPA FLA 33614
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7-15-2018 Document number: P180000056574
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)

FABIAN GARCIA
6118 OAK CLUSTER CIR
TAMPA FL 33634

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

FABIAN GARCIA
7604 LAKESIDE BLVD
TAMPA FL 33614

P.O. Box NOT acceptable

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.

FG

Signature of an officer or director

FABIAN GARCIA

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.

FG

Signature of Registered Agent

10-20-2018

Date

If signing on behalf of an entity:

FG

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)

2018 OCT 29 P 3:11
FILED

ALREADY PAID