

P2000000

36776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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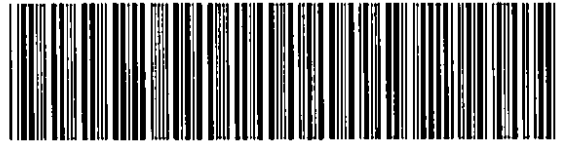
(Business Entity Name)

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Amend Corr.

JUL 21 2020

I ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SLEEP 4 CHEAP MATTRESS  
Name of Corporation

**DOCUMENT NUMBER:** P20000036776

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN MAURICE CARTER

Name of Contact Person

Firm/Company

402 49TH STREET

Address

WEST PALM BEACH FL 33407

City/State and Zip Code

babetteinc2017@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN MAURICE CARTER

Name of Contact Person

at ( 404 ) 553-4151

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF CORRECTION

For

SLEEP 4 CHEAP MATTRESS INC

\_\_\_\_\_  
Name of Corporation as currently filed with the Florida Dept. of State

P20000036776

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct ARTICLES OF INCORPRATION  
(Document Type Being Corrected)

filed with the Department of State on MAY 15 2020  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

OFFICER NAME KEVIN M CARTER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Correct the inaccuracy, incorrect statement, or defect:

OFFICER NAME: KEVIN MAURICE CARTER

Reg Agent:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Kevin Maurice Carter*

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Kevin Maurice Carter  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35.00