

PA5000055841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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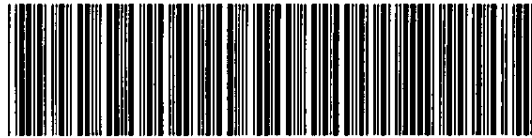
(Business Entity Name)

(Document Number)

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FEB 14 2012
C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PDMF Properties, Inc.
Name of Corporation

DOCUMENT NUMBER: P95000055841

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:

Andrea S. Wilson
Name of Contact Person

PDMF Properties, Inc., c/o The Original Mattress Factory
Firm/Company

4930 State Road
Address

Cleveland, OH 44134
City/State and Zip Code

awilson.originalmattress@ymail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea S. Wilson at (216) 661-8388
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

**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: PDMF Properties, Inc.
2. The principal office address: 4930 State Road, Cleveland, OH 44134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 19, 1995 Document number: P95000055841
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)

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Patrick Knight

1785 State Road 436

P.O. Box NOT acceptable

Winter Park, FL 32792

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.

Gregory F. Trzcinski
Signature of an officer or director

GREGORY F. TRZCINSKI
Printed or typed name and title

J.P. DIRECTOR

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.

Patrick Knight
Signature of Registered Agent

1/30/12
Date

If signing on behalf of an entity:

Patrick Knight
Typed or Printed Name

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