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March 11, 1998

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: MBMG MATTRESS CORP.

10 Manie Lundgun

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 1582 in the amount of \$35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

Delanie Lundgren

enclosures

*****35.**00**

Florida Department of State, Jim Smith, Secretary of State

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, the undersigned corporation | organized under the laws of the State of ment in order to change its registered office |
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| or registered agent, or both, in the State Flor | |
| 1a. The name of the corporation is: MBMG MATTRESS CORE | ?. |
| 1b. Date of incorporation: 8/5/97 | Document number P97000067487 |
| 2. The name and address of the current reg | istered agent and office: |
| 2900 Country Club Lane Southwest, Hall | andale, F1 33009 |
| 3. The name and address of the new registe (P.O. Box Not Acceptable) NRAI Services, Inc. | erred agent and office: |
| 526 East Park Avenue, Tallahassee, Florida 32301 | |
| The street address of its registered agent and of its registered agent as changed will be identified to the identification of the id | ntical. |
| Such change was authorized by resolution du an officer so authorized by the board. | ly adopted by its board of directors or by |
| Fluid Reny Fres | X Phil Lang, President |
| March 9 1998 DATE | Typed or printed name and title |

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

| AS NEGISTENED AGENT. |
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| NRAI Services, Inc. |
| SIGNATURE By: Ollanie Lundgur, asst. |
| (Registered Agent) Sec |
| DATE 3-11-98 |
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