

P98000017534

(Requestor's Name)

(Address)

(Address)

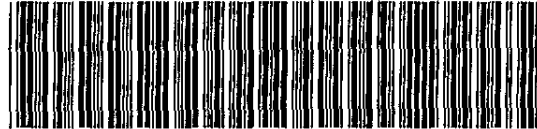
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900033193589

04/27/04--01080--002 **35.00

Special Instructions to Filing Officer:

*Peter Schubert gave
Authority to correct
date of adoption.*

ac 54

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 27 PM 2:45

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5-4

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATION NAME CHANGE

DOCUMENT NUMBER: P98000017534

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PETER SCHUBERT
(Name of Person)

FOAM CONCEPTS, INC.
(Name of Firm/ Company)

616 NW 2nd AVE.,
(Address)

FT. LAUDERDALE, FLORIDA, 33311
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

PETER SCHUBERT at (954) 522-6588
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|

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

Street Address
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

The date of each amendment(s) adoption: 4-26-2004

Effective date if applicable: _____
(no more than 90 days after amendment file date)

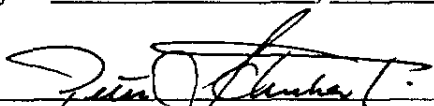
Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____."
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 26 day of APRIL, 2004

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

PETER SCHUBERT
(Typed or printed name of person signing)

PRESIDENT & DIRECTOR
(Title of person signing)

FILING FEE: \$35