CAPITOL CORPORATE SERVICES, INC.

## P98000020352

March 26, 1998

FLORIDA SECRETARY OF STATE P. O. Box 6327 Tallahassee, FL 32314 500002472285--7 -03/30/98--0082-019 \*\*\*\*\*\*35.00 \*\*\*\*\*\*35.00

Attn: Corporate Filing Dept.

Re: BISCAYNE MATTRESS CORPORATION

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the referenced name, which is to be filed in your office. I have enclosed check # 1620 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

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enclosures

R.A. Change

De 4/1

## Florida Department of State, Jim Smith, Secretary of State

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

or registered agent, or both, in the State	statement in order to change its registered office Florida.
1a. The name of the corporation is:	
BISCAYNE MATTRESS CORPORATION	
1b. Date of incorporation: 03/03/98	Document number P98000020352
2. The name and address of the curren	ASE O
2900 Country Club Lane Sw, Hallands	lale, F1 33009
3. The name and address of the new reg (P.O. Box Not Acceptable)	
NRAI Services, Inc.	757 -
526 East Park Avenue, Tallahassee, Florida 32301	RIP to
The street address of its registered agent of its registered agent as changed will be	t and the street address of the business office e identical.
Such change was authorized by resolutio an officer so authorized by the board.	on duly adopted by its board of directors or by
Had hans	* PHIL LANG, PRESIDEN, Typed or printed name and title
SIGNATURE	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.

NRAI Services, Inc.
SIGNATURE By: DelanceLundgen asst
(Registered Agent) pc