# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

VP

#### SIGNATURE: SCOTT CAMPBELL

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P12000096931
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### Entity Name: MATTRESS WAREHOUSE FT MYERS, INC.

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### Current Principal Place of Business:

3452 CLEVELAND AVE FORT MYERS, FL 33901

### **Current Mailing Address:**

3452 CLEVELAND AVE FT MYERS, FL 33901 US

## FEI Number: 46-1500250

### Name and Address of Current Registered Agent:

CAMPBELL, SCOTT P 5414 29TH AVE S GULFPORT, FL 33707 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	E: SCOTT P CAMPBELL			06/18/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	Р	
Name	CAMPBELL, SCOTT P	Name	MADDEN, JOHN	
Address	5414 29TH AVE S	Address	119 LIVE OAK DR	
City-State-Zip:	GULFPORT FL 33707	City-State-Zip:	MT PLEASANT SC 29464	
Title	S	Title	т	
Name	CAMPBELL, JEFF	Name	RAGUSA, ANDREW S	
Address	7214 ORCHARD RIDGE DRIVE	Address	5414 29TH AVE S	
City-State-Zip:	WAXHAW NC 28173	City-State-Zip:	GULFPORT FL 33707	

Certificate of Status Desired: No

FILED Jun 18, 2018 Secretary of State CC1692636147

06/18/2018