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(Requestor's Name) (Address) (Address)	100092020691		
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COVER LETTER

TO:	Amendment Section	(
	Division of Corporation	۱S

SUBJECT:	GARMENT		OF	AMERICA
		(Name of Corporation)		
DOCUMENT	NUMBER:	834530	_	

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:

(Name of Contact Person) n E RICA OF RMEN (Firm/Company (Address)

State and Zip Code)

For further information concerning this matter, please call:

Code & Daytime Telephone Number) (Name of Contact Person) (Area

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

CR2E045 (8/05)

2010 07:36			(FAX)	P. 002/002
STATEMENT	OF CHANGE OF REG	ISTERED OFFICE ()R REGISTERED AC	ENT OR BOTH
011112002000	F	OR CORPORATION	S	
statement of chan	ovisions of sections 607.05 ge is submitted for a corpor to change its registered offi	ation organized under	the laws of the State of _	MICHIGAN
1. The name of th	e corporation: <u>GR</u>	RMENT C	ORPORATION	OF AMERICA
2. The principal o	ffice address: 801	ARTHUR	GODFREY	<u>ROAD, JRD FL</u> UUR
	M	NANN BEAR	HFL 3	3140
3. The mailing ad	dress (if different):	·		
4. Date of incorpo	oration/qualification:	17-15 Docu	ment number:	34530
Florida Departr	ENRIQUE PR GARMENT 801 ARTHU	DRON CORPORATIO R GODFRE	N OF AME (ROAD, 38	RICA D FLOOR
-	MIAMI Y	BEACH FI	_ 33140	
 The name and s (if changed): 	treet address of the new reg CATHY MR GAR MENT	ristered agent (if change RRERO CORP OF	d) and /or registered off Am <u>erica</u>	HAR 12 P
-	SOI ARTH. (P.O. Bgx	UR GODFRE NOT scceptable)	YRS 31	AFLOODEST IN
-	Miami Be	ACAY FL	3140	JATE A
	s of its registered office ar e identical.		,	
Such change was authorized by the	authorized by resolution of board, or the corporation	luly adopted by its boa has been notified in w	rd of directors or by an riting of the change.	officer so
1/and	4	1	RESIDE	NT
(Signature	of profficer or director)		(Printed or typed name and	

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.

asress (Mensiure of Aceistered Agent)

3-2

If signing on behalf of an entity:

(Typed or Printed Name) 92. an * * * FILING FEE: \$35.00 * * * MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05) \$50161