

P11000006164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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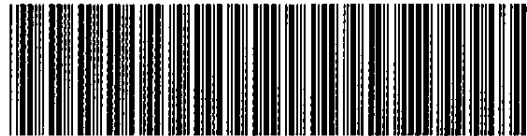
(Business Entity Name)

(Document Number)

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NOV 15 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** B.A.M. clothing Inc. Address change  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Nicholas P. Sanchez

Name of Contact Person

B.A.M. clothing Inc.

Firm/Company

1433 SW Gastador Ave.

Address

Port St. Lucie, FL 34953

City/State and Zip Code

nick@buyamericamade clothing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas P. Sanchez

Name of Contact Person

at ( 772 ) 224-6838

Area Code & Daytime Telephone Number

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

**Mailing Address:**

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

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: B.A.M. Clothing Inc. Fed ID# 27-4601968
2. The principal office address: 1433 SW Gastador Ave.  
Port St. Lucie, FL 34953
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: May 30, 2011 Document number: \_\_\_\_\_

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Nicholas Sanchez  
~~1500~~ ~~3~~ 1252 SW Lawndale Ave. (C)  
Port St. Lucie, FL 34953

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nicholas Sanchez  
1433 SW Gastador Ave.  
P.O. Box NOT acceptable  
Port St. Lucie, FL 34953

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Nicholas Sanchez Nicholas Sanchez, President  
Signature of an officer or director Printed or typed name and title

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.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*