

P140000048205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. Lewis
10-28-14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAPPROVEDUSED CARS.COM CORP.

Name of Corporation

DOCUMENT NUMBER: P14000048205

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:

Pedro Alvarez

Name of Contact Person

BAPPROVEDUSED CARS.COM CORP

Firm/Company

4667 Orange dr.

Address

Davie Fl, 33314

City/State and Zip Code

bapprovedusedcars@gmail.com

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

For further information concerning this matter, please call:

Pedro Alvarez

Name of Contact Person

at (

954 213-3828

) 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

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.

2. The principal office address: 4667 Orange Drive. Davie, Fl 33314

3. The mailing address (if different): 4667 Orange Drive. Davie, FL 33314

4. Date of incorporation/qualification: 05/31/2014 Document number: P14000048205

pedro alvarez

11201 sw 55 st lot b21 box 156

miramar Fl, 33314

Pedro Alvarez

4667 Orange drive

P.O. Box NOT acceptable

Davie FI 33314

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.

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 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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