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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered. VP SIGNATURE: VANCE A SCOTT

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

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: APPROVED FAMILY FOUNDATION INC

Current Principal Place of Business:

1039 HARLEY STRICKLAND BLVD SUITE 700 ORANGE CITY, FL 32763

Current Mailing Address:

1039 HARLEY STRICKLAND BLVD SUITE 700 ORANGE CITY, FL 32763

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

SCOTT, MELISSA J 2461 TRACY LANE DELTONA, FL 32738 US

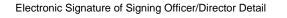
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	P	Title	VP
Name	SCOTT, MELISSA J	Name	SCOTT, VANCE A
Address	2461 TRACY LANE	Address	2461 TRACY LANE
City-State-Zip:	DELTONA FL 32738	City-State-Zip:	DELTONA FL 32738



FILED Jan 15, 2020 Secretary of State 2661876838CC

Certificate of Status Desired: No

01/15/2020

Date