

FILE 000000857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

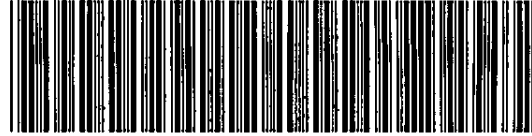
(Business Entity Name)

(Document Number)

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2016 MAY -9 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 11 2016
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Capital Mortgage Inc
Name of Corporation

DOCUMENT NUMBER: F 16000000857

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:

Sanjiv Jain
Name of Contact Person

American Capital Mortgage Inc
Firm/Company

439 Main Street Suite 102,
Address

Orange NJ 07050
City/State and Zip Code

Sunnyjain@amcaps.com
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Sunny Jain at (516) 327-6000
Name of Contact Person 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 New York in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: American Capital Mortgage Inc
- 2. The principal office address: 439 Main Street, Suite 102
Orange NJ 07050
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 8/10/93 Document number: F 16000000857

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)

Sunny Jain
2260 Wintermere Pointe Dr
Winter Garden FL 34787

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

Asif Kassim
2260 Wintermere Pointe Dr,
Winter Garden FL 34787

P.O. Box NOT acceptable

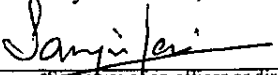
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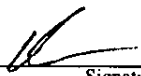
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

SANJIN JAIN
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 submitted 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

05/06/16
Date

If signing on behalf of an entity:

ASIF KASSIM
Typed or Printed Name

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