

# H62877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

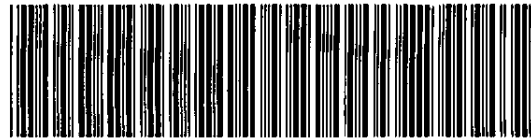
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

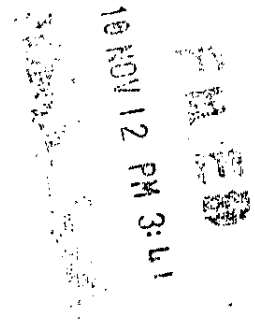
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Approved Mortgage Corp.  
Name of Corporation

**DOCUMENT NUMBER:** H62877

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:

Steven V. Cappiello  
Name of Contact Person

Approved Mortgage Corp.  
Firm/Company

PO Box 901355  
Address

Homestead, FL 33090  
City/State and Zip Code

approvedmortg@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven V. Cappiello at ( 305 ) 247-6723  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Approved Mortgage Corporation  
2. The principal office address: 633 N Krome Ave #6  
Homestead, FL 33030  
3. The mailing address (if different): PO Box 901355  
Homestead, FL 33090  
4. Date of incorporation/qualification: 1985 Document number: HL62877

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)

Rosa C. Cappiello  
633 N Krome Ave #3  
Homestead, FL 33030

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

Steven V. Cappiello  
633 NORTH KROME Ave Suite #6  
P.O. Box NOT acceptable  
Homestead, FL 33030

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.

Rosa C. Cappiello  
Signature of an officer or director

Rosa C. Cappiello  
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.

Steven V. Cappiello  
Signature of Registered Agent

11/8/10  
Date

If signing on behalf of an entity:

Steven V. Cappiello  
Typed or Printed Name

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