L14000166146

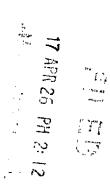
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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O SIMMONS APR 28 2017

COVER LETTER

Division of Corporations	•	
SUBJECT: Approval First Mortgage, LLC	S.,	
	f Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Jeffrey Vratanina		
Name of Person		
Approval First Mortgage, LLC		
Firm/Company		
544 Wekiva Cove Road		
Address		
Longwood, FL 32779		
City/State and Zip Code		
vratanina@live.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ase call:	
Jeffrey Vratanina	407 948-3369	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Name of the limited liability company: Approval First	st Morto	gage, LLC	·	
2. (a)					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(N	Mailing address of limi (Note: MAY BE PO	ted liability company:
	544 Wekiva Cove Road		544 Wek	kiva Cove Road	<u> </u>
	Longwood, FL 32779		Longwoo	od, FL 32779	
	October 24, 2014		L1400016	66146	
3.	Date of filing/registration in Florida	4.		Document number	·
5. (a)				
(<u>.</u> .	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	::	
	Vratanina Family LLLP				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>		
	544 Wekiva Cove Road				7 7
	Longwood , FL	32779			26
	Jeffrey J Vratanina				2
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office			
	Enter hance of New Registered Agent and/or New Registered	Onice ad	uress:		N
	same				
	NEW Registered Office Address:				
	544 Wekiva Cove Road				
	Longwood	32779			
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likerer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	ws of the the reginability co of the limited l	State of Florestered office ompany, it is nited liability company.	and the business of hereby confirmed company or as oth pany.	office of the registered that the change(s)
	May h Vaatama	Jet	frey J Vrata		- C
/-	ature of a member or authorized representative of a member			Printed or typed name	-
to mer	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ree to act perform d for in (hereby co	in this capa ance of my d Chapter 605, onfirm that th	city. I further agri uties, and I am fan F.S. Or, if this do he limited liability	ee to comply with the niliar with and accept ocument is being filed company has been
Signatu	up of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00