

D1500006920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

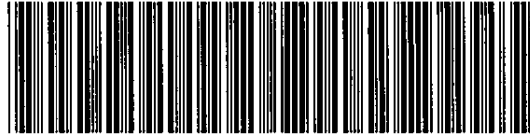
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400269137864

03/06/15--01013--006 \*\*35.00

APPROVED  
AND  
FILED  
15 MAR -6 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 10 2015  
T. J. LEMIEUX  
*[Signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eagle Mortgage Corp.

Name of Corporation

**DOCUMENT NUMBER:** P15000016920

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:

Joseph A Episcopo

Name of Contact Person

Eagle Mortgage Corp

Firm/Company

33224 US Highway 27 South

Address

Haines City, FL 33844

City/State and Zip Code

joeepiscopo@gmail.com

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

For further information concerning this matter, please call:

Joseph A Episcopo

Name of Contact Person

at ( 239 ) 839-3414

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: Eagle Mortgage Corp
2. The principal office address: 33224 US Highway 27 South  
Haines City, Florida 33844
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/19/2015 Document number: P15000016920
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)

Joseph A Episcopo

33224 US Highway 27 South

Haines City, Florida 33844

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

Dominic A Pisano

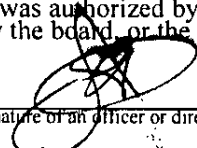
1957 Casselwood Street

P.O. Box NOT acceptable

Winter Park, Florida 32792

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

Joseph A Episcopo President

\_\_\_\_\_  
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

03/01/2015

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Dominic A. Pisano  
\_\_\_\_\_  
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

CR2F045 (03/12)

APPROVED  
AND  
FILED  
15 MAR -6 PM 1:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA