

631516

(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



600237387706

07/16/12--01009--012 \*\*35.00

RA to City

FILED  
12 JUL 16 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUL 18 2012  
T. ROBERTS

JUL 18 2012  
ERTS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SILVESTRI CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** 631516

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:

Carlo Silvestri

Name of Contact Person

SILVESTRI CORPORATION

Firm/Company

P.O. Box 1982

Address

Colleyville, Texas 76034

City/State and Zip Code

bcsilvestri@verizon.net

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

For further information concerning this matter, please call:

Carlo Silvestri

Name of Contact Person

at ( 817 ) 929-5006

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: Silvestri Corporation
2. The principal office address: 449 NE 24 ST MIAMI  
FL 33137
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/01/1979 Document number: 631516
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)

SILVESTRI, CARMELA

449 NE 24TH STREET

MIAMI FL 33137 US

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

Incorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

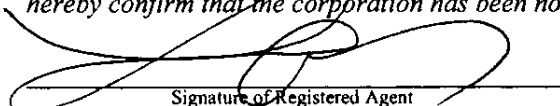
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Giovanni Silvestri, 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

07/06/2012

Date

If signing on behalf of an entity:

Liset Robles on behalf of Incorp Services, Inc.

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  
CR2E045 (03/12)