

L09000099068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

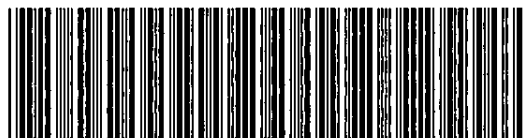
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/28/12--01031--015 **375.00

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12 MAR 30 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

APR - 2 2012

EXAMINER

NEW SMYRNA CONDO BULDINGS

**1215 Gessner Drive
Houston, Texas 77055
Tel (713) 785-6272
Fax (713) 785-6272**

March 22, 2012

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Change of registered agent

To the Department of State:

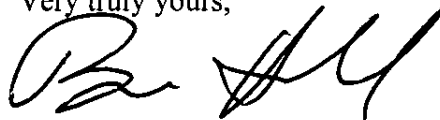
Transmitted please find check no. 6960 in the amount of \$ 375.00 as fees for the change of registered agent for the following entities:

On Shore Development	\$ 25.00
NSCB # 20	35.00
NSCB # 19	35.00
NSCB #18	35.00
NSCB #17	35.00
NSCB #15	35.00
NSCB #14	35.00
NSCB #13	35.00
NSCB #12	35.00
NSCB #10	35.00
SII Fla	<u>35.00</u>
Total	\$ 375.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Also transmitted are a cover letter and completed statement of change for each entity.

Very truly yours,



Brian Hill
New Smyrna Condo Buildings

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: On Shore Development, LLC
Name of 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 matter to the following:

Brian Hill

Name of Person

Silvestri Investments of Florida, Inc.

Firm/Company

1215 Gessner Drive

Address

Houston, Texas 77055

City/State and Zip Code

jpheigaru@silvestriusa.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Brian Hill

Name of Person

at (713)

785-6272

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: On Shore Development, LLC

2. (a) Principal office address of limited liability company: 1215 Gessner Drive

(Note: MUST BE STREET ADDRESS) Houston, Texas 77055

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX) _____

3. Date of filing/registration in Florida 10/13/2009 4. Document number L09000099068

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Jesse E Graham Jr

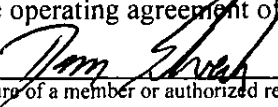
Registered Office Address: 369 North New York Ave
3rd Floor
Winter Park, Florida 32789

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: Rob Camporese

NEW Registered Office Address: 5300 South Atlantic Ave
(MUST BE FLORIDA STREET ADDRESS) New Smyrna Beach, FL 32169

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Dan Silvestri

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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

FILED
12 MAR 30
TALLAHASSEE
FLORIDA