

P04000084311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

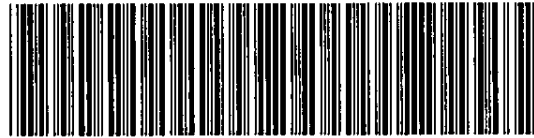
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

MAR 30 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Smyrna Condo Building No. 19, Inc.
Name of Corporation

DOCUMENT NUMBER: P04000084311

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:

Brian Hill

Name of Contact 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)

For further information concerning this matter, please call:

Brian Hill

Name of Contact Person

at (713)

785-6272

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: New Smyrna Condo Building No. 19, Inc.
2. The principal office address: 1215 Gessner Drive, Houston, Texas 77055
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/27/2004 Document number: P04000084311
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)

Jesse E Graham Sr

369 North New York Ave

Winter Park, Florida 32790

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

Robert Camporese

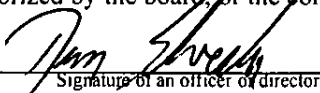
5300 South Atlantic Ave

P.O. Box NOT acceptable

New Smyrna Beach, Florida 32169

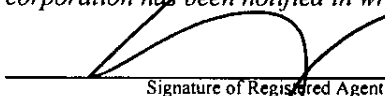
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Dan Silvestri
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

3/12/12
Date

If signing on behalf of an entity:

ROBERT A. CAMPORESE
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 (8/05)

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