## P04000084317

(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 ALLAHASSEE, FLORING

R.A.

MAR 3 0 2012 T. BROWN

## **COVER LETTER**

TO: Amendment Sec Division of Cor	ction porations		
SUBJECT:	New Smyrna Condo B	uilding No. 15, Inc.	
DOCUMENT NUMBE	er: P04	000084317	
The enclosed Statement	of Change of Registered Offic	e/Agent and fee are submitted	for filing.
Please return all corresp	ondence concerning this matte	r to the following:	,
•	Ŭ	J	
		n Hill ntact Person	
	Name of Co	ntact Person	
	Silvestri Investme	nts of Florida, Inc.	
		ompany	
		sner Drive	
	Add	ress	
	Houston, To	exas 77055 nd Zip Code	
	ony, out a	z.p oou	
	jpheigaru@silv		
E-m	ail address: (to be used for f	uture annual report notifica	tion)
For further information	concerning this matter, please	call:	·
F	Brian Hill	<b>713</b>	785-6272
	Contact Person	at ( 713 ) Area Code & Daytime	Telephone Number
Enclosed is a \$35.00 che	ck made payable to the Depar	tment of State.	
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation Building 2661 Executive C	rations
	i ananassee, i'l. 34314	ZOOT EXECUTIVE C	CHICL CHOIC

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, Flore statement of change is submitted for a corporation organized under the laws of the State in order to change its registered office or registered agent, or both, in the State	of Florida		<del></del>
1. The name of the corporation: New Smyrna Condo Building No. 15, II	nc.		
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:	P04000	00843	17
<ol><li>The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)</li></ol>	e with the		
Jesse E Graham Sr			
369 North New York Ave	SEC	2012	
Winter Park, Florida 32790	RETA AHA	MAR 2	
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):  Robert Camporese	RY OF STATI	28 PH 12: 5	LED
5300 South Atlantic Ave	יבי	ت	
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 as changed will be identical.	of its regist	ered ag	ent,
Such change was authorized by resolution duly adopted by its board of directors or be authorized by the board; or the corporation has been notified in writing of the change	y an officer ·	so	
Signature of an officer or director  Dan Silve Printed or typed name			
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 of my duties, and I am familiar with and accept the obligation of my position as regis document is being filed merely to reflect a change in the registered office address, I h corporation has been notified in writing of this change.	complete p tered agent ereby confi	erform . Or, if rm thai	ance this the
Segnature of Registered Agent 3 12 12 Date			_
If signing on behalf of accentity:  OBERT A CAMPORESE  Typed or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*