## P04000084323

(Requestor's Name)						
(Nequestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
<b>(</b> ,,,						
(Document Number)						
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SECRETARY OF STATE FALLAHASSEE, FLORIO,

(

R.A.

MAR 3 0 2012 T. BROWN

## **COVER LETTER**

	ent Section of Corporations							
SUBJECT:	New Smyrna Condo B	uilding No. 17, Inc.						
DOCUMENT NU	JMBER: P04	000084323						
The enclosed State	ement of Change of Registered Offic	e/Agent and fee are submitted for filing.						
Please return all co	orrespondence concerning this matte	r to the following:						
Brian Hill								
Name of Contact Person								
	Silvestri Investme	nts of Florida, Inc.						
	Silvestri Investments of Florida, Inc. Firm/Company							
	1215 Gessner Drive							
	Ado	ress						
	Houston, Texas 77055							
City/State and Zip Code								
jpheigaru@silvestriusa.com								
E-mail address: (to be used for future annual report notification)								
For further inform	ation concerning this matter, please	call:						
	Brian Hill	at (713)785-6272						
Na	me of Contact Person	Area Code & Daytime Telephone Number						
Enclosed is a \$35.0	00 check made payable to the Depar	tment of State.						
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building						
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301						

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			607.1508, or 617.1508, Flo. d under the laws of the Stat			
			d agent, or both, in the State			_
1. The name of	the corporation: New S	Smyrna Cond	o Building No. 17,	Inc.		
	•		louston, Texas 77055			
3. The mailing a	address (if different):				<del></del>	
4. Date of incorp	poration/qualification:	05/27/2004	Document number:	P04000	08432	:3
	d street address of the curtment of State: (If resign		nt and registered office on fi	le with the		
	Jesse E Graham S	Sr				
	369 North New Yo	rk Ave		SE	2017	
,	Winter Park, Florid	la 32790		CRETZ LAHA	2012 HAR	77
6. The name and (if changed):	J.	w registered agent (i	if changed) and /or registere	TARY OF S ASSEE, FL ed office	28 PH 12:	LED
Rob	Camporese			ORID	2: <u>5</u>	**************************************
	5300 South Atlanti	P.O. Box NOT ac	rentshle		+-	
	New Smyrna Beac		·			
as changed will	ess of its registered office be identical.	ce and the street add	dress of the business office	_	_	ent,
Such change was	as authorized by resolut ne board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	by an officer s e.	30	
Signatur	re, of an officer or director		Dan Silv Printed or typed name			_
hereby accept further agree to fmy duties, an document is bei corporation has	the appointment as reg to comply with the prov d I am familiar with an ng filed merely to reflec been notified in writin	istered agent and a isions of all statute d accept the obliga ct a change in the r g of this change.	gree to act in this capacity s relative to the proper an tion of my position as regi egistered office address, I	y. d complete pe istered agent. hereby confir	erforma Or, if m that	nce this the
Sign	nature of Registered Agent	<del></del> -	3/12/12 Date		<u> </u>	
•	half of an entity:  Ampone	: Q <i>&amp;</i>				
1 02	yped or Printed Name	80				

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