

R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ~~4849~~ **Upper Captiva Road Company**  
Name of Corporation

**DOCUMENT NUMBER:** **N14000001891**

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:

**A. Peter Aldrian**  
Name of Contact Person

**Upper Captiva Road Company**  
Firm/Company

**4421 Bartlett Pkwy**  
Address

**Pineland FL 33945**  
City/State and Zip Code

**peter@miprofessionals.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**A. Peter Aldrian** at **(239) 292-4849**  
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2014

A PETER ALDRIAN  
4421 BARTLETT PKWY  
PINELAND, FL 33945

SUBJECT: UPPER CAPTIVA ROAD COMPANY, INC.  
Ref. Number: N14000001891

We have received your document for UPPER CAPTIVA ROAD COMPANY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A new registered agent must be provided in section 6 of the change or registered agent form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White  
Regulatory Specialist II

Letter Number: 314A00005093

RECEIVED

14 APR - 7 PM 12:37

65-082-7189

65-082-7189

29-1048

7189

**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: Upper Captiva Road Company EN-65-082-7189
2. The principal office address: ~~4421 Bartlett Pkwy~~ 5576 DOUG TAYLOR CR.  
~~PINELAND, FL 33945~~ ST. JAMES CITY, FL 33956
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3/1/2014 Document number: N14000001891
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)

Charles Skinner

8053 Judge Bean Rd

Bokeelia, FL 33922 (Resigned)

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

~~N/A~~ BRYAN BRILHART

5576 DOUG TAYLOR CIRCLE


P.O. Box NOT acceptable

ST. JAMES CITY, FL 33956

FILED  
14 APR - 7 AM 9:51  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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 officer or director

Bryan Brilhart SEC.

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

3/31/14  
Date

If signing on behalf of an entity:

A. Peter Aldrian

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)