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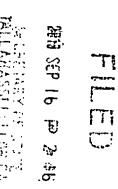
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: LIPPER CAPTIVA CIVIC ASSICIATION Name of Corporation			
DOCUMENT NUMBER: N9200001032			
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:			
HETEN PULSTICE Name of Contact Person			
LIPPER CAPTIVA CIVIC ASSOCIATION Firm/Company			
P.O. Box 423			
PINELAND, FL 33945 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
HELEN P JUSTICE at (239) 778-1850 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 Street Address: Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 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

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 FLORID 4 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 CIVIC ASSOCIATION
2. The principal office address: 4320 SOL VISTA DRIVE
NCRTH CAPTIVA, FL 33924
3. The mailing address (if different): P.C. Box 423
PNELAND, FL 33945
4. Date of incorporation/qualification: 12/31/1992 Document number: N9200001032
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)
RESIGNED - FRANCIS A DETURE
4320 SOL VISTA DRIVE
NORTH CAPTIVA, FL 33924
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HELEN P JUSTICE E E
4530 PANAMA SHELL DRIVE
NORTH CAPTIVA, FL 33924
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.
HEIEN PLUSTICE TREASURER Signature of an officer of director HEIEN PLUSTICE TREASURER
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.
Multiplication 9.13.19 Signature of Registered Agent Date
If signing on behalf of an entity:
HELEN PULSTICE Typed or Printed Name

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