

1  
FL20000003631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

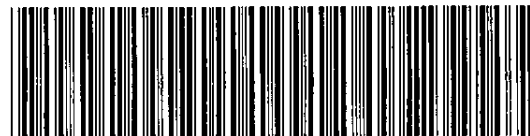
(Business Entity Name)

(Document Number)

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2013 MAR 11 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 13 2013

T. LEMIEUX

RA 10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Orlando Happyfeet Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F12000003631

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:

Laura Leeper  
Name of Contact Person

Orlando HappyFeet  
Firm/Company

8211 Caenen Lake Rd  
Address

Lenexa, KS 66215  
City/State and Zip Code

laura@orlandohappyfeet.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Leeper at ( 816 ) 806-4123  
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

**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 Kansas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Orlando Happyfeet Inc.
2. The principal office address: 8211 CAENEN LAKE RD., LENEXA, KS 66245
3. The mailing address (if different): 8211 CAENEN LAKE RD., LENEXA, KS 66245
4. Date of incorporation/qualification: 09/04/2012 Document number: F12000003631
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)

ESCOBAR, CAROLINA

2215 Phonecia Ct.

Orlando, FL 32837

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

InCorp Services, Inc.

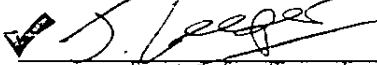
17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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

James Leeper, President  
\_\_\_\_\_  
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

February 28, 2013

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Josie A Sorensen on behalf of Incorp Services, Inc.

\_\_\_\_\_  
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

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**TALLAHASSEE, FL 32310**