

N95000001776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

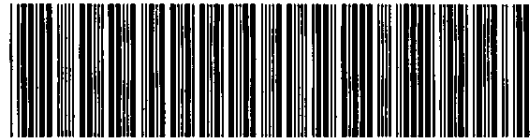
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300265536743

300265536743  
12/08/14--01053--002 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 DEC 23 PM 3:04

C.L.  
12-30-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2014

CINDY EATON / INSTRIDE THERAPY INC  
1629 RANCH RD  
NOKOMIS, FL 34275 US

SUBJECT: INSTRIDE THERAPY, INC.  
Ref. Number: N95000001776

We have received your document for INSTRIDE THERAPY, 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):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 314A00026477

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: InStride Therapy, Inc

DOCUMENT NUMBER: N95000001776

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cindy Eaton

(Name of Contact Person)

InStride Therapy, Inc

(Firm/ Company)

1629 Ranch Rd

(Address)

NOKOMIS, FL 34275

(City/ State and Zip Code)

Jody@instridetherapy.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Eaton

(Name of Contact Person)

at ( 941 ) 412-9333

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is  
Enclosed)

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

14 DEC 23 PM 3:04

In Stride Therapy, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

N95060001776

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N/A

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N/A

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Jody Jorgensen

8441 Miramar Way

(Florida street address)

New Registered Office Address:

Sarasota

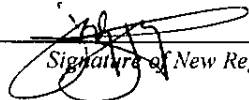
(City)

Florida 34202

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change

☒ Remove

☒ Add

PT

John Doe

V

Mike Jones

SV

Sally Smith

Type of Action

(Check One)

Title

Name

Address

1) ☒ Change

Ex-D

Mary Natan

11808 Marsh Head Rd

☐ Add

Sarasota, FL 34240

☐ Remove

2) ☐ Change

ED

Jody Jorgensen

8441 Miramar Way

☒ Add

Sarasota, FL 34202

☐ Remove

3) ☐ Change

T

Dennis McSweeney

4822 W. Country Club Dr

☐ Add

Sarasota, FL 34243

☒ Remove

4) ☐ Change

T, D

Penny Dell'Armi

310 Pearl Ave

☒ Add

Sarasota, FL 34243

☐ Remove

5) ☐ Change

D

Timothy Shaw

50 Central Ave #700

☒ Add

Sarasota, FL 34236

☐ Remove

6) ☐ Change

D

Bill Sutton

3701 S Osprey Ave

☒ Add

Sarasota, FL 34239

☐ Remove

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VC, D</u>	<u>Sarah Wren</u>	<u>1201 S. Tamiami Trl</u> <u>Sarasota, FL 34239</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____

[illegible]

The date of each amendment(s) adoption: November 11, 2014  
date this document was signed.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Effective date if applicable: December 1, 2014  
(no more than 90 days after amendment file date)

14 DEC 23 PM 3:04

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/23/14

Signature [Signature]  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jody Jorgensen  
(Typed or printed name of person signing)

Executive Director  
(Title of person signing)