

1795000001776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

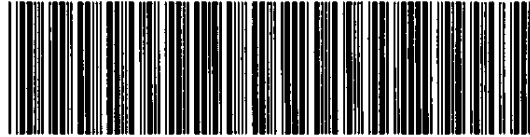
(Business Entity Name)

(Document Number)

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03/24/15--01008--002 \*\*35.00

AS PROVED  
AND  
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15 MAR 24 PM 3:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 25 2015  
T. LEMIEUX

PO

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** InStride Therapy, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N95000001776

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Penny Dell'Armi**

(Name of Person)

**InStride Therapy, Inc.**

(Name of Firm/Company)

**1629 Ranch Rd**

(Address)

**Nokomis, FL 34275**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jody Jorgensen**

(Name of Person)

at ( **941** ) **412-9333**

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
2661 Executive Center Circle  
Tallahassee, FL 32301

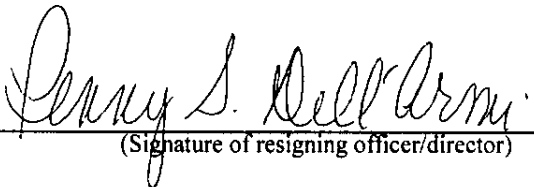
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, Penny Dell'Armi, hereby resign as Treasurer/Director  
(Title)

of InStride Therapy, Inc.  
(Name of Corporation)

N95000001776, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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