

N95000001776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

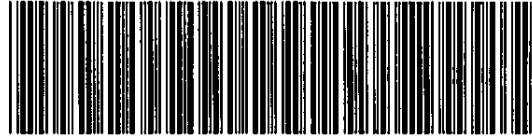
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

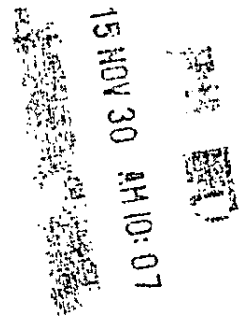
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C McNAIR

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:

Mary L. Nastan

(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:

Cindy Eaton

(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:

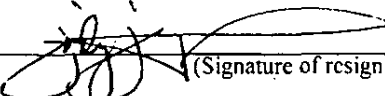
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Jody Jorgensen, hereby resign as Executive 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)

15 NOV 30 AM 10:00

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