## Po700032966

(Requestor's Name)  (Address)  (Address)	200209499862		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	07/01/11~-01036~-002 **35.00		
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	211 JUL - I AM II: 28 SECRE BAT O TALLAHASSEE, FLORIBA		
	Mark		

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## COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	The Academy of Th	erapeutic Footwear, In the of Corporation	nc.
DOCUMENT NU	JMBER:	P07000032966	
The enclosed State	ement of Change of Registered	d Office/Agent and fee are subr	nitted for filing.
Please return all co	orrespondence concerning this	matter to the following:	-
	Kenr Name	neth G. Lockard of Contact Person	
	The Academy of	Therapeutic Footwear, In irm/Company	<u>c.</u>
	10595 Hilltop I	Meadow Point, Suite 202 Address	**************************************
	Boynton	each, FL 33437-4837	
-	E-mail address: (to be used	d for future annual report no	tification)
	ation concerning this matter, p		740.0700
	me of Contact Person	at ( 301 ) Area Code & Day	740-9792 rtime Telephone Number
Enclosed is a \$35.0	00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Build	Section Corporations ling . ive Center Circle

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organized	607.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	e of Florida
1. The name of t	he corporation: The A	cademy of Th	erapeutic Footwea	ar, Inc.
2. The principal	office address: 10595	Hilltop Meadow	Point, Suite 202	
	Boynto	n Beach, FL 33	437-4837	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	03/10/2007	Document number:	P07000032966
	street address of the cur tment of State: (If resign	~ ~	t and registered office on fi	ile with the
	Glenn M. Gutman			
	21280 Sawmill Cou	ırt		<del></del> <del></del>
	Boca Raton, FL 33	498-1913		SECONOMIC SECONO
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registere	Γη <sub>CP</sub> .
	Kenneth G. Lockar	d		
	10595 Hilltop Mead			
	Pounton Pooch El	P.O. Box NOT acc	eptable	
	Boynton Beach, FL		· · · · · · · · · · · · · · · · · · ·	
The street addre as changed will	ess of its registered offic be identical.	e and the street add	lress of the business office	e of its registered agent,
Such change was authorized by the	as authorized by resolutine board, or the corporat	on duly adopted by	its board of directors or led in writing of the chang	by an officer so e.
Signatur	e of an officer or director	and _	Kenneth G. Locka	ard, President
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as regi to comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	stered agent and a sions of all statutes I accept the obligat t a change in the re g of this change.	gree to act in this capacits relative to the proper an tion of my position as regi egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
Krigigi	nature of Registered Agent	<del>l</del> -	6-27-	<u>/                                    </u>
If signing on be	half of an entity:			
Kenneth	Loc KAAU  yped or Printed Name	<del></del>		

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