

P 16000072288

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C. GOLDEN

FEB 14 2018

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Strides Occupational Therapy Services, Inc  
Name of Corporation

DOCUMENT NUMBER: P16000078283

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:

Sarah Poindexter  
Name of Contact Person

Strides Occupational Therapy  
Firm/Company

5720 Spanish Oaks Ln  
Address

Naples, FL 34119  
City/State and Zip Code

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

For further information concerning this matter, please call:

Sarah Poindexter at ( 813 ) 476-5009  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Strides Occupational Therapy Services, Inc.
2. The principal office address: 5121 Staley Rd  
Ft. Myers, FL 33905
3. The mailing address (if different): 5720 Spanish Oaks Ln  
Naples, FL 34119
4. Date of incorporation/qualification: 9/23/2016 Document number: P116000078288
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)

Loren Potts  
207 E. Robertson St. Suite A  
Brandon, FL 33511

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

Sarah Poindexter  
5720 Spanish Oaks Ln  
P.O. Box NOT acceptable  
Naples, FL 34119

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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.

Sarah Poindexter  
Signature of an officer or director

Sarah Poindexter, 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.*

Sarah Poindexter  
Signature of Registered Agent

2-7-18  
Date

If signing on behalf of an entity:

Sarah Poindexter  
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