N10000004994

	ļ
(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



300213854523

11/10/11--01012--003 **35.00

11 NOV 28 AM 8:49

SECKETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CO	RPORATION: International S	Society for Autism, Inc.	
DOCUMENT N	TUMBER: 10000	4994	
The enclosed Ar	ticles of Amendment and fee are sub	omitted for filing.	
Please return all	correspondence concerning this mat	ter to the following:	
_		ew S. Rubin Contact Person)	
	(Name of	Contact Person)	
_	International S	ociety for Autism, Inc.	
	(Firm	n/ Company)	
	3275 West Hills	sboro Blvd. Suite 210	
		Address)	
	Doorfield !	Pageb El 22442	
-		Beach, FL 33442 te and Zip Code)	
		- "	
_		@ndfya.com d for future annual report notifica	tion)
For further inform	mation concerning this matter, please	e call:	
Andrew S. Ru	bin	at (954) 778-780	8
(N	ame of Contact Person)		ne Telephone Number)
Enclosed is a che	ck for the following amount made p	ayable to the Florida Department	of State:
\$35 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)
I F	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2011

ANDREW S. RUBIN INTERNATIONAL SOCIETY FOR AUTISM, INC. 3275 W. HILLSBORO BLVD., SUITE 210 DEERFIELD BEACH, FL 33442

SUBJECT: INTERNATIONAL SOCIETY FOR AUTISM, INC.

Ref. Number: N10000004994

We have received your document for INTERNATIONAL SOCIETY FOR AUTISM, 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 date of adoption of each amendment must be included in the document.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 211A00025640

PECEIVED 11 NOV 28 AM 8: 44 ANTANSSE, FLORIDA

Articles of Amendment to Articles of Incorporation of



V.
International Society for Autism, Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
(Document Number of Corporation (if known)

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

he new name must be distinguishable and conbbreviation "Corp." or "Inc." <mark>"Company" or</mark>		
	\checkmark	_
Enter new principal office address, if application of the application of the address MUST BE A STREET	ADDRESS	DOIO DIVO
	Suite 210	
	Deerfield Beach	i, FL 33442
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	Same as above	
If amending the registered agent and/or registered agent and/or the new register		enter the name of t
		enter the name of t
new registered agent and/or the new register		enter the name of t
Name of New Registered Agent:	red office address:	enter the name of t

Signature of New Registered Agent, if changing

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

position.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Directo	Michael Kellen	6869 Town Harbor Blvd #1316 Boca Raton, FL 33433	☑ Add □ Remove
Directo	Melissa Hoffman	200 S.W. 18th Street Pompano Beach, FL 33060	☐ Add ☑ Remove
	· · · · · · · · · · · · · · · · · · ·		☐ Add ☐ Remove
(attach addit	or adding additional Articles, enter control ional sheets, if necessary). (Be specific retaking Melissa Hoffman off as a	<i>:)</i>	Kellen in her

The date of each amendment(s) adoption:
(date of adoption is required) Effective date if applicable:
(no more than 90 days after amendment file date)
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 10/18/2.011 Signature MI
(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)
(Typed or printed name of person signing)
Chairmon of the Board of ISA (Title of person signing)