

N10000004994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

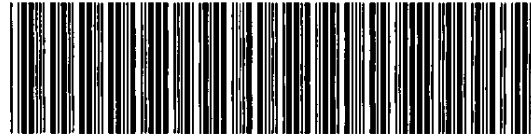
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400238367254

08/10/12--01018--001 **140.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 12:36

R.A.

AUG 16 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: International Society for Autism, Inc.
Name of Corporation

DOCUMENT NUMBER: N1000000 4994

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:

Andrew S. Rubin

Name of Contact Person

New Directions For Young Adults

Firm/Company

3275 W. Hillsboro Blvd, Ste 110

Address

Deerfield Beach, FL 33442

City/State and Zip Code

drrubin@ndfya.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Rubin

Name of Contact Person

at (954) 571-5102

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: International Society for Autism, Inc.

2. The principal office address: 3275 W. Hillsboro Blvd. Ste-110, Deerfield Beach, FL 33442

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5-19-2010 Document number: N1000000 4994

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)

Natalie M. Adams, P. A.

1640 W. Oakland Park Blvd. #303

Fort Lauderdale, FL 33442

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

Quarter Company Group, Inc.

1920 NE 208 TR

P.O. Box: NOT acceptable

Miami, FL 33179

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.



Signature of an officer or director

Andrew S. Rubin, 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.



Signature of Registered Agent

0725-12

Date

If signing on behalf of an entity:

Adam S. Horowitz

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

CR2E045 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 12:36