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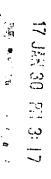
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: International Topical Steroid Awareness Network
DOCUMENT NUMBER: N1200002469
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SUSAN RYZA (Nattne of Contact Person)
(Nattne of Contact Person)
(Firm/ Company)
234 17th St.
(Address)
Santa Monica, CA 90402
(City/ State and Zip Code)
Susankyza@ itsan.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susan Ryza 310 944-1299
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Street 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

Articles of Amendment to

Articles of Incorporation of

International Topical	2 Steroid Awareness Network, Inc.
(Name of Corporation as curren	thy filed with the Florida Dept. of State)
N12000002	
(Document Namb	ber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Statuta amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion:
International Topical	Steroid Addiction Network, Inc.
name must be distinguishable and contain the word* corpora "Company" or "Co." may not be used in the name.	Sterold Addiction Network, Inc. tion or incorporated or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	11280 Properit From Pd. 4 221E
(rincipal office daaress MUST BE A STREET ADDRESS	Palm Beach Gardens, FL 33410
	·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a	ce address in Florida, enter the name of the
Name of New Registered Agent:	n/a
	(Florida street address)
New Registered Office Address:	is now and the entire that
	, Florida
	(City) (Zip Code)
New Recristered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fai	miliar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

P = President; V = Vic	ets, if necessary /director title b e President; T= O = Chief Fina	y) y the first letter of the office titl = Treasurer; S= Secretary; D= ncial Officer. If an officer/dire	h/A le: Director; TR= Trustee; C = Chairman or Clerk; c ctor holds more than one title, list the first letter of	
	leaves the corp	oration, Sally Smith is named th	Doe is listed as the PST and Mike Jones is listed as the V and S. These should be noted as John Doe, P	
Example: X Change X Remove X Add	$\overline{\mathbf{V}}$ $\overline{\mathbf{N}}$	ohn Doe like Jones ally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change Add Remove		<u>nla</u>		
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove		 		
6) Change				

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

____ Remove

L If amending or adding addition (attach additional sheets, if neces	ssary). (Be specif				
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The date of each amendment(s) add date this document was signed.	ption:	, if other than th
Effective date if applicable:	immediately (no more than 90 days after amendment file	date)
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applicable statutory filing req artment of State s records.	uirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cas	st for the amendment(s)
There are no members or memb	ers entitled to vote on the amendment(s). The amers.	endment(s) was/were
Dated	1/27/17	
Signature Aus	ankeysa	
have not bee	nan or vice chairman of the board, president or other in selected, by an incorporator—if in the hands of a ppointed fiduciary by that fiduciary)	ner officer-if directors a receiver, trustee, or
	Sugan Ryza	
	(Typed or printed name of person si	gning)
	Treasurer	
- 11 - 12 - 11 - 11 - 11 - 11 - 11 - 11	(Title of person signing)	,