

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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SEP 1 7 2019 S. YOUNG

COVER LETTER

Division of Corporations	
NAME OF CORPORATION: International Copical Stroid A	Idiction Ne
DOCUMENT NUMBER: N 2 DOOD 2469	(=11>HW)
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Ooke Ohr_ (Name of Contact Person)	
(Name of Contact Person)	
175AN	
(Firm/ Company)	
10200 Kerns Rd.	
10200 Kerns Rd. (Address) Huntersville, NC 28078 (City/State and Zip Code)	/
(City/ State and Zip Code) ion @itSan.org E-mail uddress: (to be used for future annual report not fication)	
For further information concerning this matter, please call:	
Jodie Our a 980 32	9-3100
(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	us
Mailing Address Street Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

International Topical	Steroid A	Hiction	Netwa	ork
(Name of Corporation as of	currently filed with the	Florida Dept. of Stat	<u>e)</u>	
N1200000 2469				
	Number of Corporation	(if known)		
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida No	ot For Profit Corporati	ion adopts the fo	ollowing
A. If amending name, enter the new name of the corname must be distinguishable and contain the word "co" "Company" or "Co." may not be used in the name.	Stroid A	Twa	Jetworki	The new
B. Enter new principal office address, if applicable:				
(Principal office address MUST BE A STREET ADDI		• • •		
				
			<u> </u>	19
C. Faton now welling address if and backle.			-	S +
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	()			P =
			14.5 14.5 14.5	3
				
			<u> </u>	حر ا
D. If amending the registered agent and/or registere new registered agent and/or the new registered o		ida, enter the name o	f the	02
Name of New Registered Agent:				
		(Pl. 1)		
New Registered Office Address:		(Florida street address)		
		, Fle	orida	
	(City)		Zip Code)	
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent. I		cept the obligations of	the position.	
	Signature of New R	egistered Agent, if char	nging	<u>_</u>

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John V Mike SV Sally	Jones		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
1) Change Add	<u>D</u> .	Mally	EVANS, D	965 W. Pinest. Zionsville, IN
Remove			_	46077
2) Change Add		Jolene D	MacDonald,	South Portland, ME
Remove				04106
3) Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
4) Change	<u></u>			
Add				
Remove				
5) Change				
Add				<u></u>
Remove				
6) Change				
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
NIA	

The date of each amendment(s) adoption: September 4, 2019 if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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 9 4 2019
Signature John Oliv
(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)
Jedie Our Ba (Typed or printed name of person signing)
Secretary, Board of Directors (Title of person signing)