N18000006652

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FLORIDA CONSTITUTION AL COALITION CORP
DOCUMENT NUMBER: 1/18000006652
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROLAND BLAIR (Name of Contact Person)
(Name of Contact Person)
FLORIDA CONSTITUTIONAL COALITION (Firm/ Company)
(Firm/ Company)
7782 BRIAN LOOP (Address)
(Address)
LAKELAND FLORIDA 33810 (City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ROLAND BIAIR at 863 934 5642 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(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:
Sas Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Sas Filing Fee & Sas

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

Articles of Amendment to Articles of Incorporation

FLORIDA CONSTITUTIO	INAL COALI	TION CORP
(Name of Corporation as cu	rrently filed with the F	orida Dept. of State)
N180000	06652	
	lumber of Corporation (it	known)
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	tatutes, this Florida Not	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	oration:	
VETERANS UNITED	SUPPORT SE	ERVICES CORP "
VETERANS UNITED name must be distinguishable and contain the word "corp" (Company" or "Co." may not be used in the name.	poration" or "incorpora	the new or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:		
Principal office uddress <u>MUST BE A STREET ADDRE</u>	<u>ESS</u>)	
		=
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		, - , 1 , 2
	<u></u>	<u> </u>
		0
 If amending the registered agent and/or registered new registered agent and/or the new registered offi 		a, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		Florida street address)
Test Regulation Office Hunters.		
	(Circl)	, Florida
	(City)	(Zip Code)
w Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agent. I an	red Agent: n familiar with and accep	ot the obligations of the position.
 	Signature of New Regi	stered Agent, if changing

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 V SV	John Doe Mike Jones Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address
l) Change			·	
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				.,,
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add			_	
Remove				
6) Change				
Add				
Remove			- -	

(attach additional sheets, if necessary).	. 199					
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	te this document was signed.	, if other than the
Eff	fective date if applicable:	
	(no more than 90 days after amendment file date)	
No loc	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records.	listed as the
٩d	option of Amendment(s) (CHECK ONE)	
S)	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 $\frac{7-5-19}{100000000000000000000000000000000000$	
	Signature John Mur	
	(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)	
	ROLAND BLAIR	
	(Typed or printed name of person signing)	
	PRESIDE NT	
	(Title of person signing)	