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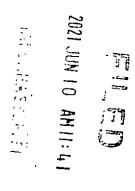
(Re	questor's Name)				
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JUL 13 2021 I ALBRITTON

TRANSMITTAL LETTER

SUBJECT: DIRECTOR	(Name of Corporation)
DOCUMENT NUMBER: 12	
The enclosed Officer/Director Resignation	n for a Corporation and fee are submitted for filing
Please return all correspondence concerni	ng this matter to the following:
PAUL POWE (Name of Person)	<i>R</i>
THE VETERANS (Name of Firm/Company)	INC.
1215 KNIGHTS GA (Address)	TE COURT
SUN CITY CENTER (City/State and Zip Code	. FL. 33573
For further information concerning this m	atter, please call:
PAUL POWERS (Name of Person)	at (863) 602 8094 (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made paya	able to the Florida Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

Ι,	PAUL	POWERS	hereby resign as_	DIREC	TOR (Title)	
of	THE	VETER / (Name of Cor	ANS ING	<i>.</i>		,
N	200000 / A (Document Number, i	2 <i>048</i> . a co	orporation organized un	der the laws of	the State of	
	FLORIDA	· · · · · · · · · · · · · · · · · · ·				
		Jaul (Signatu	metal street of resigning officer/direct	tor)	ا ، ا	
			5 5	,	2021 JUN 10 AM	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

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