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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Veritas Insurance C	iroup, Inc.	
DOCUMENT NUM	BER: P02000130259		
The enclosed Article	v of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Rhoda Correira		
		Name of Contact Persor	1
	Ventas Insurance Group, Inc		
		Firm, Company	
	742 2nd Avenue South		
		Address	
	St. Petersburg, FL 33701		
		City/ State and Zip Code	2
	rcorreirata pHs.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, plea	se call:	808-3344
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	or the following amount made	payable to the Florida Dep	artment of State:
S35 Filling Fee	□\$43.75 Filling Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Cls52,50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ai Di P.	ailing Address mendment Section vision of Corporations D. Box 6327 Hahassec, FL 32314	Amenc Divisio The C	Address Iment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



(Same of Corporation as currently filed with the Florida Dept. of State) (P02000130259 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following a fix Articles of Incorporation: A. If amending name, enter the new name of the corporation: [Inc., " or Co., " or the designation. " Corp., " "In., " or "Co" 1 professional corporation name must contain " "chartered " " "professional association, " or the abbreviation "P.A" B. Enter new principal office address, if applicable: [Principal office address MUST BE A STREET ADDRESS] C. Enter new mailing address, if applicable: [Mailing address MAY BE A POST OFFICE BOX]	
(Document Number of Corporation (if known) ursuant to the provisions of section 607.1(006, Florida Statutes, this Florida Profit Corporation adopts the following as Articles of Incorporation: If amending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corpora	STA
ursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following as Articles of Incorporation: If amending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name of the corporation: If a mending name, enter the new name o	
s Articles of Incorporation: . If amending name, enter the new name of the corporation:	SSEE, F E
ame must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation line," or Co.," or the designation. Corp.," 'In.," or "Co' Upratessional corporation name must contain a chartered." "projessional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS.) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	amendment
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation life," or "Co." or the designation. Corp." "In," or "Co." Uprafessional corporation name must contain a chartered." "professional association," or the abbreviation "P.A." Letter new principal office address, if applicable: Principal office address. MEST BE A STREET ADDRESS.) Letter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
ame must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation life," or "Co." or the designation. Corp." "In," or "Co." Uprafessional corporation name must contain a chartered." "professional association," or the abbreviation "P.A." Letter new principal office address, if applicable: Principal office address. MEST BE A STREET ADDRESS.) Letter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	The new
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"Corp" the word
Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A PONT OFFICE BON)	
(Mailing address MAY BE A POST OFFICE BON)	
(Mailing address MAY BE A POST OFFICE BON)	
). If amending the registered agent and/or registered office address in Florida, enter the name of the	_
). If amending the registered agent and/or registered office address in Florida, enter the name of the	
). If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:	
(City) (Zip Coc	de)
ew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent – Lam familiar with and accept the obligations of the position.	
merery accept the approximate as registered agent. I am familiar with and accept the so regulation spirite permission.	
Signature of New Registered Agent, if changing	
Theck if applicable	

 \square The amendment(s) is are being filed pursuant to s. 607.0120 (11) (e). F.S.

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)

Example:

Please note the officer director rule by the first tetter of the office title

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

Changes should be noted in the following manner: Carrently 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

X Change	<u>P1 John L</u>)oc	
X Remove	<u>y</u> <u>Mike.</u>	<u>lones</u>	
<u>X</u> Add	<u>SV Saliy S</u>	<u>Smith</u>	
Type of Action (Check One)	<u>i itle</u>	<u>Name</u>	<u>Addres</u> s
1) N Change	SV.	Jennifer Isaacs	742 2nd Ave South
Add			St. Petersburg, Ft. 33701
Remove			
2) Change			
Add			
Remove 3) Change			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1.40
Kemove			
4) Change			
Add			
Remove			
5)Change			
Ada			
Remove			
o)Caange			
Aoa			
Remove			

(Attach additional sheets, if necessary)	(Be specific)
If an amendment provides for an exet	hange, reclassification, or cancellation of issued shares.
provisions for implementing the ame	endment if not contained in the amendment itself:
(i) not applicable, indicate VA)	

date this document was signed. Effective date if applicable: two more than 90 days after amendment file dates 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 incorporators, or board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was were sufficient for approval. 🗇 The amendment(s) was were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendments). "The number of votes cast for the amendment(s) was were sufficient for approval Dated_____ Heather Mariscal -- 1515 35A330C6465 Signature _ (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) Heather Mariscal (Typed or printed name of person signing) President

(Fitle of person signing)

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