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Certified Copies	Certificates	s of Status
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Special Instructions to I	-iling Officer;	
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Office Use Only



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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: VETERANS WAY	/ INC	
DOCUMENT NUM	D21000006227		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	itter to the following:	
	JEREMY MCCOMAS		
	VETERANS WAY INC	Name of Contact Persor	1
		Firm/ Company	
	14452 BAY ISLE DR		
		Address	
	ORLANDO. FL 32824		
		City/ State and Zip Code	e
	JEREMYAMCCOMAS1@0	GMAIL.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, plea.	se call: at (⁴⁰⁷	719-9127
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.C	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment

to

Ā	rticles	of	Incor	norati	οr
,		.,,	1117 171	**** 48 6 1	C) I

P210	tly filed with the Florida Dept. of State OOQ (4237) of Corporation (if known)	<u> </u>	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the	following amendme	ent(s) to
A. If amending name, enter the new name of the corporation:		The same	
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mus		•
B. Enter new principal office address, if applicable:	14452 BAY ISLE DR		٠
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	ORLANDO, FL 32824		
			•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14452 BAY ISLE DR	.20	3
	ORLANDO, FL 32824	70	ممر.
	V/REATUX/, 11, 32024	: ::	الرعود
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office address			
Name of New Registered Agent			
Name of New Registered Agent	 -		
tFlorida s	treet address)		
New Registered Office Address:	. Florida		
New Registered Office Address:	(Cuy)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agen			

Signature of New Registered Agent, if changing

Check if applicable

☐ 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)

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
X Change	PCEO	JEREMY MCCOMAS	14452 BAY ISLE DR
Add			ORLANDO, FL 32824
Remove			
2) Change		_	
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		-	
Add			
Remove			

maen <i>aaamon</i>	<u>adding addition</u> and sheets, if neces	ssary). (Be sp	pecific)			
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<u>an amendme</u> rovisions for	ent provides for implementing t	<u>an exchange, ra</u> he amendment	<u>eclassification.</u> if not contain	<u>, or cancellation</u> ed in the amen	<u>i of issued shar</u> Iment itself:	es,
(if not app	licable, indicate	N/A)	n not contain	to m the ninem	<u> </u>	
			,		-	
		-	···		<u> </u>	
		<u> </u>				

The date of each amendment		, if other than the
date this document was signed		
Effective date if applicable:	12/15/2021	
	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this da- ne Department of State's records.	ite will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/wer action was not required.	e adopted by the incorporators, or board of directors without shareholder action	on and shareholder
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.	s)
	e approved by the shareholders through voting groups. The following statemod for each voting group entitled to vote separately on the amendment(s):	ent
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
12/15/ Dated	2021	
Dated		
Signature	1///20-	
se	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other cour pointed fiduciary by that fiduciary)	7
	JEREMY MCCOMAS	
	(Typed or printed name of person signing)	
	D	
	(Title of person signing)	