

PO900050296

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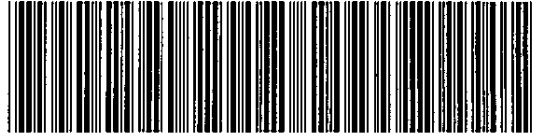
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Articles of  
Corporation  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: United States Claims Adjusters, Corp.  
Name of Corporation

DOCUMENT NUMBER: P09000050296

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bretton I. Pollack, Esq.  
Name of Contact Person

Gary W. Pollack, P.A.  
Firm/Company

One S.E. Third Avenue, Suite 1260  
Address

Miami, FL 33131  
City/State and Zip Code

pollacklawhp@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bretton I. Pollack at (305) 373-9676  
Name of Contact Person      Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**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 CORRECTION

for

United States Claims Adjusters, Corp.

Name of Corporation as currently filed with the Florida Dept. of State

P09000050296

Document Number (if known)

FILED  
2009 JUL -6 PM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Articles of Incorporation

(Document Type Being Corrected)

filed with the Department of State on June 10, 2009

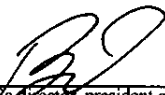
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Name misspelled. ~~clame~~ → Claims

Correct the inaccuracy, incorrect statement, or defect:

United States Claims Adjusters, Corp.

  
(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Brettton I. Pollack, Esq.  
(Typed or printed name of person signing)

Attorney  
(Title of person signing)

Filing Fee: \$35.00