## P1200001983

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: all 50 Cla	aims Inc			
DOCUMENT NUMBER: P1200002198				
The enclosed Articles of Amendment and				
Please return all correspondence concerning	ng this matter to the following:			
Mark Steven Petsch	hulat			
	Name of Contact Per	son		
All 50 Claims Inc				
**************************************	Firm/ Company			
1561 NW 14th Ave	2			
	Address			
Boca Raton Fl 3348	86			
<del> </del>	City/ State and Zip C	ode		
allclaimsusa@gmail.com	l			
<del></del>	s: (to be used for future annual repo	ort notification)		
For further information concerning this ma	atter, please call:			
Mark Petschulat	at ( 561	306 1408 Code & Daytime Telephone Number		
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amor	unt made payable to the Florida De	epartment of State:		
\$35 Filing Fee \$43.75 Filing Certificate of		Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ame s Divi Clift	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

All 50 Claims Inc (Name of Corporation as currently filed with the Florida Dept. of State) P12000021982 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: All Claims USA Inc name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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: Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos Signature of New Registered 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	<u>PT</u>	John Do	<u>e</u>		
X Remove	$\underline{\mathbf{v}}$	Mike Jo	nes		
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>		
Type of Action (Check One)	<u>Title</u>		Name		<u>Addres</u> s
1) Change					
Add				,	
Remove					
2) Change			· ·	•	
Add					
Remove					
3 ) Change				-	
Add					
Remove					
4) Change					
Add					
Remove				·	
5) Change		_			
Add					
Remove				•	
6) Change				_	
Add		_ <del>-</del>		•	
Remove					

	(Be specific)
,	
<del></del>	
f an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:
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	02/10/2016	
The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
Effective date if applicable:		
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing requirements, this datepartment of State's records.	te will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s fficient for approval.	i)
	proved by the shareholders through voting groups. The following stateme 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)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholde	r
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	t
	Mark Steven Petschulat	
	(Typed or printed name of person signing)	
	Director	
	(Title of person signing)	**************************************