## 13000 00934

(Requestor's Name)  (Address)	600303153236		
(City/State/Zip/Phone #)			
(Business Entity Name)  (Document Number)	09/21/1701010029 **52.50		
Certified Copies Certificates of Status Special Instructions to Filing Officer:	S TALLENT SEP 2 2 2017		
	PH 3: 00		

Office Use Only

## Reinaldo Martinez

From: Jorge Martinez

Sent: Monday, September 18, 2017 5:02 PM

To: Reinaldo Martinez

Subject:State of Florida Corporation Division FormAttachments:All Casualty Articles of Amendment Form.pdf

Importance: High

Here we go yet again. I hope the third time is the charm.

Print the attached forms and sign pages 1 Of 4 and 4 of 4. Send the attached completed cover letter with the 4 pages to:

Amendment Section Division of Corporations PO BOX 6327 Tallahassee, FL 32314

Make a check payable to: Florida Department of State

The amount on the check is for \$52.50

Memo line write: P13000100934

Please overnight asap and use certified mail.

Jorge Martinez Licensed Agent

612 West Vine Street Kissimmee,Fl.34741 Tel: 407-505-4045 Fax: 407-944-4003



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: All Casualty Insur	rance Corporation	<del></del> _	
DOCUMENT NUMB	ER: P13000100934		<del></del>	
	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	atter to the following:		
	Reinaldo Martinez			
-		Name of Contact Person		
	All Casualty Insurance Corp	oration		
-		Firm/ Company		
	612 W Vine Street			
Address				
	Kissimmee, FL 34741			
·		City/ State and Zip Code		
jorge.i	martinez@estrellainsurance.c	com	e.	
	E-mail address: (to be u	sed for future annual report r	notification)	
For further information	concerning this matter. pleas	se call:		
Jorge Martinez		at (	_)	
Name o	f Contact Person	Area Cod	e & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depar	tment of State:	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
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 Amendment to Articles of Incorporation of

All Casualty Insurance Corp					
( <u>Name</u>	of Corporation as curre	ntly filed with the Florid	a Dept. of State	)	
P13000100934					
	(Document Numbe	r of Corporation (if knowr	1)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, th	nis <i>Florida Profit Corpord</i>	ation adopts the fo	ollowing amend	ment(s) to
A. If amending name, enter the new na	ame of the corporation:				
N/A				The i	1 <i>0</i> 11'
name must be distinguishable and con "Corp" "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," o	r "Co". A professional c			
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A S				·	<del>-</del>
			<del></del>	. 7	_
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		EP 21	
				PH 3: C	<u> </u>
D. If amending the registered agent an new registered agent and/or the ne			he name of the	5	_
Name of New Registered Agent	Reinaldo Martinez				
Name of New Negatered Agent	612 W Vine Street				
		street address)		<del></del>	
New Registered Office Address:	Kissimmee,		, Florida	34741	_
		(City)		(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Age tered agent. Lam familia	ent: ur with and use opt the obli	igations of the po	sition.	
	4	$\rightarrow$			
	Signature of Nev	v Registered Agent, if char	nging		~

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	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Anabella Julio	612 W Vine Street
Add			Kissimmee, FL 34741
XRemove			
2) Change	CEO	Jorge Martinez	612 W Vine Street
_XAdd			Kissimme, FL 34741
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
Only amending ownership stake. Specifically removing Anabella Julio from 50% ownership and assigning Jorge Martin
50% ownership. This change has been voted upon and agreed upon by Anabella Julio and Reinaldo Martinez. Final deci
communicated to Jorge Martinez. Ownership change is voluntary and without duress or hardship to anyone.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
Only amending ownership stake. Specifically removing Anabella Julio from 50% ownership and assigning Jorge Martin
50% ownership. This change has been voted upon and agreed upon by Anabella Julio and Reinaldo Martinez. Final deci
communicated to Jorge Martinez. Ownership change is voluntary and without duress or hardship to anyone.

	01/02/2014	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
	1/02/2014	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	into more than 50 days after amenament file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	t(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval	
Reinaldo Martinez :		
<u> </u>	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	der
detton was not required.		
09/1 <b>7</b> /20 Dated	)17	
Dated	4	<del>-</del>
61		
Signature	a director, president or other officer – if directors or officers have not been	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other co	
	ointed fiduciary by that fiduciary)	u.,
W. F. C.		
	Reinaldo Martinez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	<del></del>