P10000026699

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Art. of Correction

APR 1 9 2010

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISASTER RELIEF SO	OLUTION, INC Name of Corporation
DOCUMENT NUMBER: P1000002	6699
The enclosed Articles of Correction and f	
Please return all correspondence concerni	ng this matter to the following:
Mompoint, Didier	<u> </u>
Disaster Relief Solution	
Firm/Company	
5325 SW 133 Avenue	
Address	
Miramar, FL 33027 City/State and Zip Code	
usarmedic@bellsouth.net E-mail address: (to be used for future annual i	report notification)
For further information concerning this m	natter, please call:
Didier Mompoint Name of Contact Person	at (305) 986-0525 Area Code & Daytime Telephone Number
Enclosed is a check for the following amo	ount:
✓ \$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:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

DISASTER RELIEF SOLUTION INC Name of Corporation as currently filed with the Florida Dept. of State

P1000026699 Document Number (if known)			
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, these Articles of Correction within 30 days of the file date of the document being	nis corporation	n file	S
These articles of correction correct Articles of Incorporation		.,	
filed with the Department of State on March 26, 2010 (File Date of Document)			
Specify the inaccuracy, incorrect statement, or defect:			
Article VII Title: P			
JOE HERNANDEZ	ن معتبر معتبر	=	
5325 SW 133 AVE	52	O AP	
MIRAMAR, FL 33027 US	5,2 <u>4</u>	20	Harace Microsoft ——— (i
	44	P	
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		2	
Correct the inaccuracy, incorrect statement, or defect:			
Article VII Title: P			
JOSE HERNANDEZ			
351 N. CONGRESS AVE # 262			
BOYNTON BEACH, FL 33426 US			
(Signature of a director, president or 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.)			
DIDIER MOMPOINT (Typed or printed name of person signing) (T	VP	.)	

Filing Fee: \$35.00