

P24000045435

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dark Recon Solutions, Inc.

Name of Corporation

DOCUMENT NUMBER: P24000045435

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

Please return all correspondence concerning this matter to the following:

Angelia St.Germain

Name of Contact Person

Dark Recon Solutions, Inc.

Firm/Company

6881 Rich Rd

Address

North Fort Myers, FL 33917

City/State and Zip Code

Angelia@DarkReconSolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James O Byrd, Jr

Name of Contact Person

at (202)

Area Code

450-7755

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF CORRECTION

For

Dark Recon Solutions, Inc.

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

P24000045435

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct Articles of Incorporation (include the attached revised Art. of Inco
(Document Type Being Corrected)

filed with the Department of State on July 8, 2024
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Article V - Registered Agent Name

Article V - Register Agent Signature

Article VI - address of the incorporator

Article VII - initial officer(s) and/or director(s) P,D,T

Article VII - initial officer(s) and/or director(s) VP

Article VII - initial officer(s) and/or director(s) S

Correct the inaccuracy, incorrect statement, or defect:

Article V: Registered Agent Name: Angelia StGermain

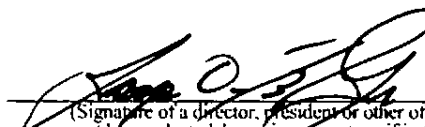
Register Agent Signature: ANGELIA STGERMAIN

Article VI - 1319 N UNIVERSITY DR #584 CORAL SPRINGS, FL. 33071 US

Article VII- P (president), D (director), T (treasure) JAMES O BYRD JR 1319 N UNIVERSITY DR, #584 CORA

Article VII- VP (vice-president) CHRISTOPHER BUTLER 1342 STOKLEY WAY VIENNA, VA 22182 US

Article VII- S (secretary) ANGELIA STGERMAIN 6885 Rich Road North Fort Myers, FL 33917 US


(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.)

James O.Byrd, Jr

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00