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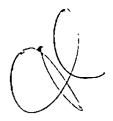
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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: WU	KINS Waker Wa		_	
Dear Sir or Madam:				
	t of Correction and fee(s) are submitted for fili			
Please return all corres	pondence concerning this matter to the following	1 g :		
Derek W	Name of Person	_		
Wilkins	Waker Works Firm/Company	·-	207	
<u>4525 5</u>	W 814 PL Address	_	2023 MAR -9	7.1
cape co	City/State and Zip Code	_	-9 PM 2: 30	
Wilkins Wa E-mail address: (1	terworks of gmail. Co	_ [_] [_]	7. 0	
	concerning this matter, please call:			
Derek WIII	cins Holly Renner 239 of Person Area Code	Daytime Telephone Number	_	
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	: 810	
Enclosed is a check fo	r the following amount:			
□\$25 Filing Fee	□ \$30 Filing Fee & □\$55 Filing Fee & Certificate of Status	\$60 Filing Fee, Certificate of Status & Certified Copy		

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: WIIKINS U The Florida Document number of the limited liability company is: <u>L23</u>000093737 SECOND: THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Ð Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: OR The electronic transmission of the record was defective. Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent's Signature

Filing Fee: Certified Copy: \$25.00

\$30.00 (optional)