

P1900000 5200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

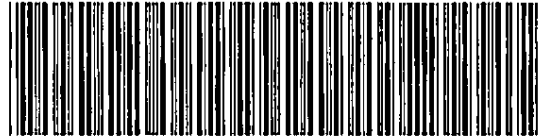
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **WAKE UP SHINING CORP**

Name of Corporation

DOCUMENT NUMBER: **P19000005200**

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

Please return all correspondence concerning this matter to the following:

MARIA E. ABILLUD

Name of Contact Person

Firm/Company

2200 CONWAY BLVD

Address

PORT CHARLOTTE FL 33952

City/State and Zip Code

eginsurancecorp@gmail.com

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

For further information concerning this matter, please call:

MARIA E ABILLUD GUERRA

Name of Contact Person

at (**786**) **9757948**

Area Code & 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION

For

WAKE UP SHINING CORP

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

P19000005200

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **PRESIDENT NAME**

(Document Type Being Corrected)

filed with the Department of State on **FLORIDA**


(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

MISSING PRESIDENT OF THE CORPORATION LAST NAME ACCORDING DMV

Correct the inaccuracy, incorrect statement, or defect:

MARIA E. ABILLUD GUERRA



(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.)

MARIA E ABILLUD GUERRA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA