

7/19/2021

Division of Corporations

P210002760893ABC2

Florida Department of State  
Division of Corporations  
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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
WP PROFESSIONAL SERVICES, CORP**

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S. PRATHEP

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WP PROFESSIONAL SERVICES, CORP  
Name of Corporation

**DOCUMENT NUMBER:** P21000054140

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

Please return all correspondence concerning this matter to the following:

Claudio Toledo Ribeiro

Name of Contact Person

TaxPeople, LLC

Firm/Company

2855 SW Brighton St

Address

Port St Lucie, FL 34953

City/State and Zip Code

info@taxpeoplefl.com

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

For further information concerning this matter, please call:

Claudio Toledo Ribeiro

Name of Contact Person

at (

772

Area Code

460-1000

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

(((H21000276089 3)))

**ARTICLES OF CORRECTION**

For

WP PROFESSIONAL SERVICES, CORP

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

P21000054140

Document Number (if known)

Pursuant to the provisions of Section 607.0124, Florida Statutes.

These articles of correction correct ARTICLES OF INCORPORATION  
(Document Type Being Corrected)filed with the Department of State on P21000054140  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE V - OFFICER (s) and /or DIRECTOR (s) and stockholder percentages:

Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

Name: PATRICIA DOS SANTOS ALVES BRITO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Washington Lucio de Brito*

(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.)

Washington Lucio de Brito

(Typed or printed name of person signing)

President/Director

(Title of person signing)

Filing Fee: \$35.00

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