

P21 000054167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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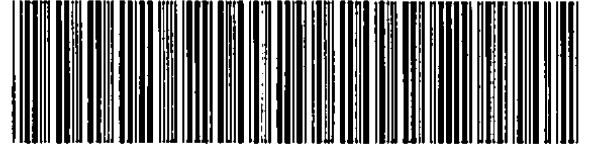
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SHARK WHEELS AND DEALS CORP

Name of Corporation

**DOCUMENT NUMBER:** P21000054167

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

Please return all correspondence concerning this matter to the following:

WELLINGTON T DE FARIA

Name of Contact Person

Firm/Company

4916 NW 55TH BLVD

Address

COCONUT CREEK FL 33073

City/State and Zip Code

willmiami1@gmail.com

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

For further information concerning this matter, please call:

WELLINGTON T DE FARIA

954

520-2631

at ( )

Name of Contact Person

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

# ARTICLES OF CORRECTION

For

SHARK WHEELS AND DEALS CORP

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

P21000054167

\_\_\_\_\_  
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 06/08/2021  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Title VP

\_\_\_\_\_  
NOGUEIRA, ANDRE

\_\_\_\_\_  
2450 NW 65TH AVE

\_\_\_\_\_  
MARGATE, FL 33063

2021 JUN -14 PM 12:32

Correct the inaccuracy, incorrect statement, or defect:

Title VP

\_\_\_\_\_  
FERRACINI NOGUEIRA, ANDRE WILLIAM

\_\_\_\_\_  
2450 NW 65TH AVE

\_\_\_\_\_  
MARGATE, FL 33063

\_\_\_\_\_  
(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.)

\_\_\_\_\_  
WELLINGTON T DE FARIA

(Typed or printed name of person signing)

\_\_\_\_\_  
PRESIDENT

(Title of person signing)

**Filing Fee: \$35.00**