

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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ELEPHANT PUBLISHING, LLC

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2017-OCT-25 PM 2:30

17-OCT-25 AM 7:21

OCT 26 2017

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**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.
ELEPHANT PUBLISHING, LLC

FIRST: The name of the limited liability company is: _____

SECOND: The Florida Document number of the limited liability company is: L10000024674
Document to be corrected is: 2011 Annual Report filed 01/31/2011

THIRD: Document to be corrected is: _____

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
Daniel Eilemberg was listed as Managing Member, which was inaccurate.
Summit Press, LLC, was the Managing Member with an address of 311 Lincoln Rd, Office 202, Miami, FL 33139.

OR
 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] _____
Signature of Authorized Representative Date

17-OCT-23 AM 7:21
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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: \$25.00
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