

Division of Corporations

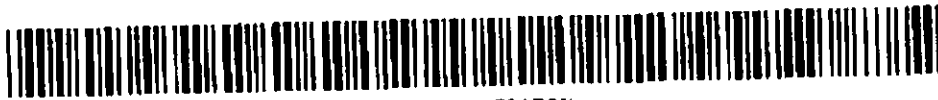
L10 000 024674

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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

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OCT 26 2017

**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: 2012 Annual Report filed 01/19/2012

**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 of Authorized Representative

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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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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