

BO6000000108

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

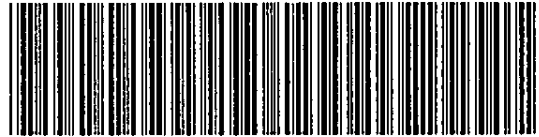
(Document Number)

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2016 FEB -9 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FEB 10

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**155 Office Plaza Dr Ste A Tallahassee FL 32301**  
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**DATE:** 2/9/16

**NAME:** HOTWIRE COMMUNICATIONS, LTD.

**TYPE OF FILING:** CORRECTION

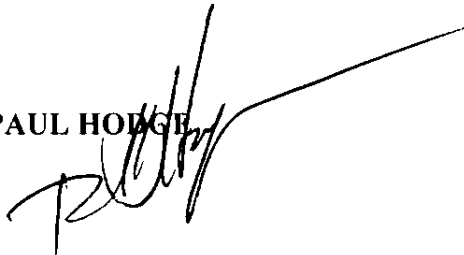
**COST:** 52.50

**RETURN:** PLAIN COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to read 'Abbie/Paul Hodge', is written over the authorization text. The signature is stylized and cursive.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hotwire Communications, Ltd

Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kristen Koenigsbauer

Contact Person

Hotwire Communications, Ltd

Firm/Company

1630 Locust Street, Suite 200

Address

Philadelphia, PA 19103

City, State and Zip Code

kristen@uchmk.com

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

For further information concerning this matter, please call:

Kristen Koenigsbauer at ( 215 ) 701-4103

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**FILED**  
2016 FEB -9 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Hotwire Communications, Ltd

Insert name currently on file with Florida Department of State

B06000000108

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

**FIRST:** The reason for filing this statement of correction is:

- ☒ The record contained false or erroneous information.  
☐ The record was defectively signed.

**SECOND:** This statement corrects Foreign Limited Partnership Application to do Business in Florida

Specify document type being corrected

filed with the Florida Department of State on 3/7/2006

Insert date document filed with Dept. of State

**THIRD:** The false or erroneous information or defect is as follows:

General Partner: Kristin Johnson

One Belmont Avenue

Suite 1100

Bala Cynwyd, PA 19004

**FOURTH:** The false or erroneous information or defect is corrected as follows:

General Partner: Hotwire Communications, LLC

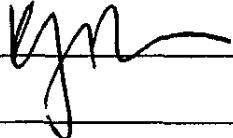
One Belmont Avenue

Suite 1100

Bala Cynwyd, PA 19004

Signature of a general partner\*:

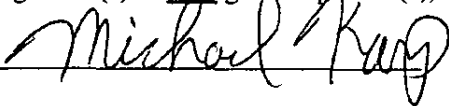
(\*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
2016 FEB -9 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signature(s) of new general partner(s), if any:

  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sole Member of  
Hotwire Communications LLC

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

*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.*

\_\_\_\_\_  
Signature of Registered Agent

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75