Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

Front:

Account Name : INCORPORATE ME NOW "LLC"

Account Number : 12020000135 Phone : (954)228-7409 Fax Number : (954)272-7820

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

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DK NETWORK LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration S Division of Co				
	WORK LLC			
SUBJECT: Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Statemen	it of Correction and fee(s) a	re submitted for filin	ц.	
Please return all corres	pondence concerning this n	natter to the following	g:	
GEORGE ASTWOOD				
	Name of Person			
INCORPORATE MW	NOW LLC			
	Firm/Company	<u> </u>	-	
160 NW 176 STREET	UNIT 471			
	Address		-	
MIAMI, FL 33169				
	City/State and Zip Code		-	
info@incmenow.com				
E-mail address: (to be used for future annual	report notification)	_	
For further information concerning this matter, please call:				
George Astwood		786 at (443-7998	
Name	e of Person	Area Code	Daytime Telephone Number	
Mailing Addi Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check fo	or the following amount:			
≣\$25 Filing Fcc	☐ \$30 Filing Fee & Certificate of Status	☐S55 Filing Fcc & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)				

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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. FIRST: The name of the limited liability company is: DK NETWORK LLC The Florida Document number of the limited liability company is: 1.21000157548 SECOND: Document to be corrected is: KD NETWORK LLC THIRD: (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: The name was enterned in the system wrong. ORWas defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: Ω The electronic transmission of the record was defective. ☑

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;

Signature of Authorized Representative

Thereby 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 \$30.00 (optional) Certified Copy:

Date