## P14000098397

| (Re                        | equestor's Name)   |             |
|----------------------------|--------------------|-------------|
| (Ac                        | ldress)            | ····        |
| (Ac                        | ldress)            |             |
| (Ci                        | ty/State/Zip/Phon  | e #)        |
| PICK-UP                    | WAIT               | MAIL        |
| (Bu                        | usiness Entity Nar | me)         |
| (Do                        | ocument Number)    | )           |
| Certified Copies           | _ Certificate:     | s of Status |
| Special Instructions to    | Filing Officer:    |             |
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## **COVER LETTER**

| TO: Amendment Section Division of Corporations                           | twork Inc.  ame of Corporation 397 e are submitted for filing. |  |  |
|--|--|--|--|
| SUBJECT: Med Dealers Ne  | twork Inc.   |  |  |
| DOCUMENT NUMBER: P14000098   | 397  |  |  |
| The enclosed Articles of Correction and fe                               | e are submitted for filing.                                    |  |  |
| Please return all correspondence concernin                               | g this matter to the following:                                |  |  |
| Sixto Montero  |  |  |  |
| Name of Contact Person   | <del></del>  |  |  |
| Med Dealers Network I  | nc.  |  |  |
|  | Bay #7   |  |  |
| Hialeah FI 33018   |  |  |  |
| City/State and Zip Code  | work com   |  |  |
| Support@meddealersnetv  E-mail address: (to be used for future annual re |  |  |  |
| For further information concerning this matter, please call:             |  |  |  |
| Sixto Montero  Name of Contact Person                                    | at (954 )482-2061Area Code & Daytime Telephone Number          |  |  |
| Enclosed is a check for the following amou                               | unt:   |  |  |
| ■ \$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              | Street Address: Amendment Section Division of Corporations     |  |  |

Clifton Building

Tallahassee, FL 32301

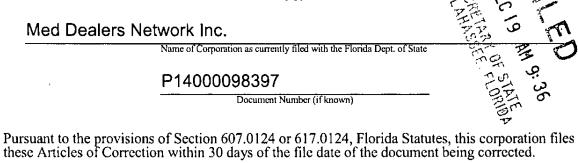
2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF CORRECTION

For



| These articles of correction correct Effective Date                   |
|---|
| (Document Type Being Corrected)                                       |
| filed with the Department of State on 12-9-14 (File Date of Document) |
| (File Date of Document)   |
| Specify the inaccuracy, incorrect statement, or defect:               |
|   |
| I forgot to make the Effective date in Jan. 1, 2015                   |
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|   |
| Correct the inaccuracy, incorrect statement, or defect:               |
| · ·   |
| I want to correct the date, changed to Jan 1, 2015                    |
|   |
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(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.)

Six to Montero (Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00