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Artilles Of Correction

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TriStar Sales & Marketing Group, Inc. (Name of Corporation)			
DOCUMENT NUMBER: P04000144352	poration)		
The enclosed Articles of Correction and fee are su	bmitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
Philip Joffe (Name of P	Person)		
TriStar Sales & Marketing Group, Inc. (Name of Firm/Company)			
7595 Baymeadows Circle West, #1103 (Address)			
Jacksonville, FL 32256-1856 (City/State and Zip Code)			
For further information concerning this matter, ple	ease call:		
Philip Joffe at (Name of Person)	919) 219-5755 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
☎ \$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 P.O. Box 6327 Tallahassee, Florida 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399		

ARTICLES OF CORRECTION

for

TriStar Sales & Marketing Group, Inc.

P04000144352

Document Number (if known)

04 OCT 28 PH 2:28 Name of Corporation as currently filed with the Florida Dept of State

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These Articles of Correction correct Incorporation Filing Documents filed with the Department of State on October 19, 2004 (File Date of Document) Specify the inaccuracy, incorrect statement, or defect: An incorrect address was listed in the incorporation documents' submission and we'd like to change it. The INCORRECT address that appears on the incorporation documents is: 13308 Arena Place, Tampa, FL 33612-1801 Correct the inaccuracy, incorrect statement, or defect: The CORRECT address that we would like to appear in our file is: 7595 Baymeadows Circle West, #1103, Jacksonville, FL, 32256-1856

Philip Joffe

(Typed or printed name of person signing)

Director

(Title of person signing)

Signature of adirector, president of 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.)