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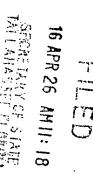
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APR 27 2016

R. WHITE



COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AFFINITY DOCUMENT NUMBER: P/600	STAR FOUNDATION // Jame of Corporation OOD 340(2
The enclosed Articles of Correction and fe	e are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Name of Contact Person	
AFFINITY STAN FOR	NO ATION INC.
1310 E CANCET	
PERRY BEPLI	+ FC33445
SPENCER 5 N @ aol E-mail address: (to be used for future annual re	port notification)
For further information concerning this ma	atter, please call:
Name of Contact Person	at (56/) 5730245 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	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 P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF CORRECTION

FILED 16 APR 26 AMII: 18

For

FOR SECRETARY OF A SECRETARY	
A FF W TY STAR FOUNDATION IN CONTRACT Name of Corporation as currently filed with the Florida Dept. of State	
P168000 34012 Document Number (if known)	
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 ELEC ARTCUES OF NCORPO, PATION (Document Type Being Corrected)	V
filed with the Department of State on 4/14/16 (File Date of Document)	
Specify the inaccuracy, incorrect statement, or defect:	
AS DIRECTOR'	
AS DIRECTOR!	
Correct the inaccuracy, incorrect statement, or defect:	
ROBERT SIEGEL P. D.	
(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.)	
KENNOTHANORDT DIRFT FOR	
(Typed or printed name of person signing) (Title of person signing)	

Filing Fee: \$35.00