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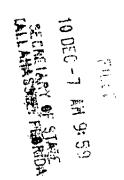
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				

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COVER LETTER

Division of Corporations		
NAME OF CORPORATION: Twiligh	t Movie Night,	Inc
	16442	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Duane	Patchin	
Nar	ne of Contact Person	一
		EC-6 PH 8: 22
	Firm/ Company	野星点
9737 W		3: 22 STATE CORNER
	Address	
Lake Wor	th, FL 3346 // State and Zip Code	> 7
HRPatchiv		
	for future annual report notification)	
For further information concerning this matter, pl	lease call:	
idionDuane Patchin Name of Contact Person	at (<u>561</u>) <u>254</u> -	5428 Ohone Number
Enclosed is a check for the following amount ma	de payable to the Florida Departn	nent of State:
\$35 Filing Fee \$\ Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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 Amendment to Articles of Incorporation of

FILED

	of		10 000		` \
· I willight Movie	Night, I	na	10 DEC -7 AM	9.0-1	
(Name of Corporation as cu		he Florida Dep	Nesiate Pay	5.5°5°	
P0900001	6442		FL	last.	
	lumber of Corporati	on (if known)	· · · · · ·		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation A. If amending name, enter the new name in the latest and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the sactor of the word corporation the word corporation the designation "Comparison" of the designation of	regardion recomporp," "Inc." or	pany," or "incorpo "Co". A profession	(P. Pemai Name The new rated" or the	ing NS
B. Enter new principal office address, if a (Principal office address MUST BE A STR.			Vood Pine C- North, FL		
C. Enter new mailing address, if applical (Mailing address MAY BE A POST OF		(Sai	ne as ab	oue)	
D. If amending the registered agent and/onew registered agent and/or the new recommendation of the new registered agent and/or the new registered agent	egistered office add	ress:			,
Name of New Registered Agent:	<u> 1823 N</u>	1.9th Ave	Weidner	as b	efore
New Registered Office Address:	(Flori Pensa ((City)	da street address), Florida (Zip Code)	<u>3250</u> 3	
New Registered Agent's Signature, if chan I hereby accept the appointment as registere	ging Registered A d agent. I am fami	gent: liar with and acc	ept the obligations o	f the position.	
_	Signature of New	Registered Agen	t, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Title Name Due	ane Patchin	Address 9737 Wood Lake Worth	Type of Action Add Remove Add Remove	etays the
	ing additional Articles, enterets, if necessary). (Be spec			-
				- -
				• -
F. If an amendment p provisions for impl (if not applicable	provides for an exchange, re lementing the amendment is e, indicate N/A)	classification, or cancella f not contained in the ame	tion of issued shares, endment itself:	
	MA			

The date of each amendment(s) a		
Effective date <u>if applicable</u> :	(date of adoption is required)	
	more than 90 days after amendment file date)	
		· · · · · · · · · · · · · · · · · · ·
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were so	lopted by the shareholders. The number of votes ufficient for approval.	cast for the amendment(s)
	oproved by the shareholders through voting group reach voting group entitled to vote separately on	
"The number of votes cast	for the amendment(s) was/were sufficient for app	proval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(vot	ting group)	
The amendment(s) was/were ad action was not required.	lopted by the board of directors without sharehold	der action and shareholder
The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder a	ction and shareholder
Dated	15/10	
Signature(By a di	rector, president or other officer – if directors or	officers have not been
selected	, by an incorporator – if in the hands of a received a fiduciary by that fiduciary)	
	Duane Patchin	
	(Typed or printed name of person signing	ig)
ı	President/Owner	-
	(Title of person signing)	