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SECRETARY OF STATE

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COVER LETTER

Division of Corporations		
SUBJECT: TWILIGHT ZONE	RPB, INC.	
DOCUMENT NUMBER: P130000717	ne of Corporation	
The enclosed Articles of Correction and fee		
Please return all correspondence concerning	this matter to the following:	
DANIELLE HEITMAN		
Name of Contact Person		
Firm/Company		
12673 WOODMILL DRIVE		
PALM BEACH GDNS, FL 33418		
City/State and Zip Code		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this mat	ter, please call:	
CHARLES H. BURNS, ESQ Name of Contact Person	at (Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	nt:	
■ \$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

SEP 24 AM 8: 36

For

TWILIGHT ZONE RPB, INC.

SECRETARY OF STATE:

Name of Corporation as currently filed with the Florida Dept. of State

P13000071720	nber (if known)
Pursuant to the provisions of Section 607.0124 or these Articles of Correction within 30 days of the These articles of correction correct ARTICLES	
filed with the Department of State on 08/26/20	, ,
Specify the inaccuracy, incorrect statement, or def PRINCIPAL ADDRESS AND MAILIN	
Correct the inaccuracy, incorrect statement, or def PRINCIPAL ADDRESS AND MAILIN	
11150 OKEECHOBEE BOULEVARD)
ROYAL PALM BEACH, FL 33411	
(Signature of a director, president or of not been selected, by an incorporator other court appointed fiduciary, by the	ner officer - if directors or officers have if in the hands of the receiver, trustee, or t fiduciary.)
DANIELLE HEITMAN	DIRECTOR

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00