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SECRETARY OF STATES

And

OCT 17 2013

R. WHITE

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
OCUMENT NUMBER: P00000062339
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Jereny A. Shepard Name of Contact Person Pinnacle Truestigations, Inc Firm/ Company P.O. Box 1600 Address Belleview, FL 34421 City/ State and Zip Code Pinnacle a Cfl. (Com Te-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Jamie A. Shepperd at (352) 347-3351 Name of Contact Person Area Code & Daytime Telephone Number
nclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

173322 - - -

	Articles of Amendment	FIL RED
•	to Articles of Incorporation	ad oct o ou our
D . 1.	of land	10 OCT -9 PH 2: 45
Name of Corporati	1 AVES TO GA TO AS ON AS CURRENTLY FILE OF SHEET OF SHEET OF THE PROPERTY OF T	STORE TARY OF STATES
Processor Corporate	1 7779	State) STATE AND COLL, I CHAIDA
T OOOOOO	ument Number of Corporation (if known)	
Pursuant to the provisions of section its Articles of Incorporation:	607.1006, Florida Statutes, this <i>Florida Profit</i> C	Corporation adopts the following amendment(s) to
A. If amending name, enter the ne	ew name of the corporation:	
		The new
"Corp.," "Inc.," or Co.," or the d	contain the word "corporation," "company,' esignation "Corp," "Inc," or "Co". A profess sociation," or the abbreviation "P.A."	
B. Enter new principal office add (Principal office address <u>MUST BE</u>		
C. Enter new mailing address, if a (Mailing address) MAY BE A PC		
	nt and/or registered office address in Florida, o e new registered office address;	enter the name of the
Name of New Registered As		
New Registered Office Addi	(Florida street address) U	101.9 Ave, Ste 2 , Florida 34471 (Zip Code)
New Registered Agent's Signature I hereby accept the appointment as r	, if changing Registered Agent: registered agent. I am familiar with and accept t	he obligations of the position.
-	Signature of New Registered Agent, if changin	<u> </u>

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) Change	.D	Jamie A. S	Sheppird P.O. Box 1600 Belleview, FC 3442
Remove			
2) Change Add			
Remove 3) Change			
Add		_	
Remove			
4) Change	-	_	
Remove			
5) Change			
Remove			
6) Change			······································
Add			<u></u>

	(Be specific)	
		
If an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	

The date of each amendment(s) adoption:	, if other than the	
Effective date if applicable:		
(no more than 90 days after amendment file date)		
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.		
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):		
"The number of votes cast for the amendment(s) was/were sufficient for approval		
by		
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.		
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.		
Dated Oct 7, 2013 Signature Jumy A. Shapan		
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
Tereny A. Sheppord (Typed or printed name of person signing)	_	
President (Title of person signing)	_	