P03000064420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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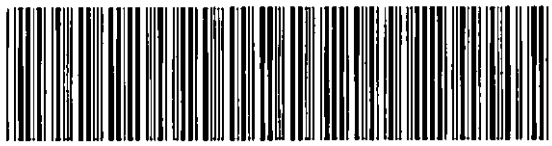

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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 491197 4304557

AUTHORIZATION :

COST LIMIT : $ 35.00

ORDER DATE : November 15, 2018

ORDER TIME : 3:38 PM

ORDER NO. : 491197-005

CUSTOMER NO: 4304557

DOMESTIC AMENDMENT FILING

NAME: PINNACLE HOME HEALTHCARE, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
_____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PINNACLE HOME HEALTHCARE, INC.

DOCUMENT NUMBER: P03000064420

The enclosed ***Articles of Amendment*** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Michaels
Name of Contact Person

Vedder Price P.C.
Firm/ Company

222 N. LaSalle St., Suite 2400
Address

Chicago, IL 60601
City/ State and Zip Code

scottb@edgewaterfunds.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Michaels at (312) 609-7523
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ■ $35 Filing Fee
- ☐ $43.75 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

PINNACLE HOME HEALTHCARE, INC.

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

P03000064420

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

A. **If amending name, enter the new name of the corporation:**

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. **Enter new principal office address, if applicable:**
(Principal office address MUST BE A STREET ADDRESS)

6320 Venture Drive
Suite 205
Lakewood Ranch, FL 34202

C. **Enter new mailing address, if applicable:**
(Mailing address MAY BE A POST OFFICE BOX)

6320 Venture Drive
Suite 205
Lakewood Ranch, FL 34202

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TALLAHASSEE, FLORIDA

D. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: Corporation Service Company

1201 Hays Street
(Florida street address)

New Registered Office Address: Tallahassee, Florida 32301
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Emily Croft
Asst. Vice President
Signature of New Registered Agent, 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)

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	PT	John Doe
X Remove	V	Mike Jones
X Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) ____ Change	P	DENNIS HEIDE	10105 Holcomb Court
____ Add			Orlando, FL 32836
X ____ Remove			
2) ____ Change	VP	JAMES A. INNES	10270 N. Carristo Dr.
____ Add			Oro Valley, AZ 85737
X ____ Remove			
3) ____ Change	VPP	ELIZABETH SILVER	8916 Angelica Dr.
____ Add			Orlando, FL 32836
X ____ Remove			
4) ____ Change	S	LORNA HEIDE	10105 Holcomb Court
____ Add			Orlando, FL 32836
X ____ Remove			
5) ____ Change	T	DENNIS HEIDE	10105 Holcomb Court
____ Add			Orlando, FL 32836
X ____ Remove			
6) ____ Change	See Exhibit "A attached hereto and made a part hereof		
X Add			
____ Remove			

E. **If amending or adding additional Articles, enter change(s) here**:
(Attach *additional sheets, if necessary*). *(Be specific)*

N/A

F. **If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**
(*if not applicable, indicate N/A*)

N/A

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 _____."
(voting group)

☐ 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 11/15/2018

Signature _____
(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)

SCOTT BROWN
(Typed or printed name of person signing)

Vice President and Assistant Secretary
(Title of person signing)

EXHIBIT A

TO ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION OF PINNACLE HOME HEALTHCARE, INC.

FLORIDA SECRETARY OF STATE

Amending the Officers and/or Directors.

Please see below for names and addresses of the Officers and/or Directors being added.

NAME	TITLE	ADDRESS
Janet Bahl	President	6320 Venture Dr., Suite 205, Lakewood Ranch, FL 34202
David Cwiertnia	Chief Financial Officer	6320 Venture Dr., Suite 205, Lakewood Ranch, FL 34202
Judy Bishop	Chairman and Secretary and Director	900 N. Michigan Ave., Suite 1800, Chicago, IL 60611
Gregory K. Jones	Vice President and Assistant Secretary and Director	900 N. Michigan Ave., Suite 1800, Chicago, IL 60611
Scott Brown	Vice President and Assistant Secretary and Director	900 N. Michigan Ave., Suite 1800, Chicago, IL 60611