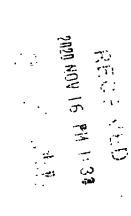
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(Re	equestor's Name)	
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Account#: 120000000088

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Date: 11/16/2	2020	
Name:C	hris Vick	_
Reference #:	1288002	
Entity Name:	PINNACLE HOM	E HEALTHCARE, INC.
Articles of Inco	orporation/Authorization	to Transact Business
Amendment		
Change of Age	ent	
Reinstatement		
Conversion		
Merger		
☐ Dissolution/Wit	hdrawai	
Fictitious Name	e	
Other		
Authorized Amount: Signature:	\$35.00	

F: 800.944.6607

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: PINNACLE HOM	E HEALTHCARE, INC.			
DOCUMENT NUM	BER: P03000064420				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	STEPHANIE MICHAELS				
		Name of Contact Persor	1		
	VEDDER PRICE P.C.				
	Firm/ Company				
	222 N. LASALLE STREET, SUITE 2400				
	Address				
	CHICAGO, IL 60601				
	City/ State and Zip Code				
	mnemeroff@vedderprice.com				
	•	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Stephanie Michaels		at (³¹²	de & Daytime Telephone Number		
Name of Contact Person		Агса Со	de & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
☐ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

-

PINNACLE HOME HEALTHCARE, IN			
· _	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, its Articles of Incorporation:	1006, Florida Statutes, this F	Torida Profit Corporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Control "chartered," "professional association,"	Corp," "Inc," or "Co". A	ompany," or "incorporated" or the abbrevi professional corporation name must con	ation "Corp.,"
B. Enter new principal office address,	if applicable:	N/A	
(Principal office address MUST BE A S			
C. Enter new mailing address, if appl	icable:		
(Mailing address MAY BE A POST		N/A	
			
D. If amending the registered agent ar			
new registered agent and/or the new			5 7
Name of New Registered Agent	N/A		
	(Florida stre	et address)	
New Registered Office Address:	N/A	, Florida	7:
	(City) (Z	ip Code)
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist	tered agent. I am familiar w	ith and accept the obligations of the positio	n.
	Signature of New Re	gistered Agent, if changing	
	Signature of Ivew Re	gamerea rigera, y enunging	
Check if applicable		N E C	
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (r), r.a.	

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)

Example:

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.

X Change	<u>PT</u>	John Doc	
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>Addres</u> s
1) Change	CFO	DUFF WHITAKER	6320 VENTURE DR.
Add			STE 205
X Remove			LAKEWOOD RANCH, FL 34202
2) Change	CFO	LISA POTTER	6320 VENTURE DR.
X Add			STE 205
Remove 3) Change	<u> </u>		LAKEWOOD RANCH, FL 34202
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

F. 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

	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requir Department of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without s	hareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the sufficient for approval.	he amendment(s)
	pproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
Dated	er 10, 2020	
selec	director, president or other officer – if directors or officers ted, by an incorporator – if in the hands of a receiver, truste inted fiduciary by that fiduciary)	
	SCOTT BROWN	
	(Typed or printed name of person signing)	
	Vice President and Assistant Secretary	
	(Title of person signing)	