

P11000053130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

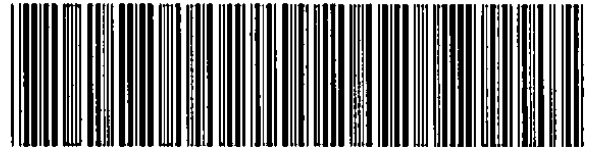
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MAR 12 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2019

LONNA HEGGELUND
516 N BURN SIDE AVE
GONZALES, LA 70737

SUBJECT: PINNACLE PHARMACY , INC.
Ref. Number: P11000053130

We have received your document for PINNACLE PHARMACY ; INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 919A00004086

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pinnacle Pharmacy, Inc
Name of Corporation

DOCUMENT NUMBER: P11000053130

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lonna Heggelung

Name of Contact Person

Heggelund Law

Firm/Company

516 N Burn Side Ave

Address

Gonzales, LA 70737

City/State and Zip Code

pinnacleRX@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lonna Heggelund

Name of Contact Person

at (504) 908-2199

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED

2019 MAR -8 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FL

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pinnacle Pharmacy, Inc
2. The principal office address: 80 Pinnacles Dr, Ste 900, Palm Coast, FL 32164
3. The mailing address (if different): 516 N Burnside Ave, Gonzales, LA 70737

4. Date of incorporation/qualification: _____ Document number: P11000053130

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Pinnamaneni, Syam

80 Pinnacles Dr. Ste 900

Palm Coast, FL 32164

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Heggelund Law

2657 NW 20th Street

P.O. Box NOT acceptable

Miami, FL 33142

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DIVISION OF STATE
CORPORATIONS
FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

L. Heggelund, President
Signature of an officer or director

Lonna Heggelund, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

L. Heggelund
Signature of Registered Agent

03/07/19

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)