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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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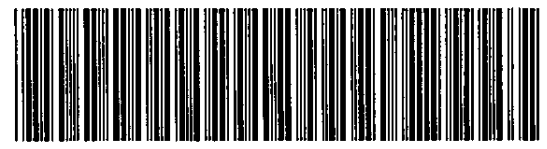
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** 420 Medical, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P16000094076

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Neil Kaufman**

Name of Contact Person

**420 Medical**

Firm/Company

**137 Berenger Walk**

Address

**Royal Palm Beach, FL**

City/State and Zip Code

**Pinnaclemedical1@aol.com**

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

For further information concerning this matter, please call:

**Neil Kaufman**

Name of Contact Person

at ( **561** ) **951-6800**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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**

For

420 Medical, Inc.

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

P16000094076

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct articles of incorporation  
(Document Type Being Corrected)

filed with the Department of State on 11/28/2016  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

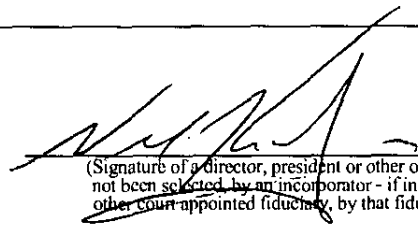
mailing address and principal address, address of registered agent and officer  
address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correct the inaccuracy, incorrect statement, or defect:

137 Berenger Walk, Royal Palm Beach, Fl 33414 is correct address for  
mailing address, principal address, registered agent address and officer address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if directors or officers have not been selected by an incorporator - if in the hands of the receiver, trustee, or other court-appointed fiduciary, by that fiduciary.)

Neil Kaufman  
(Typed or printed name of person signing)

PRES OF PINNACLE MEDICAL  
(Title of person signing)

**Filing Fee: \$35.00**

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2018 DEC 12 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA