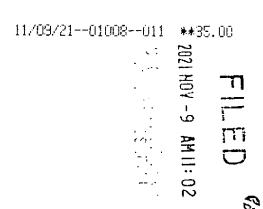
P96000088404

(Requestor's Name)
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C. BRUMBLEY
DEC - 1 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORE	PORATION: pinnacle pharmacy	services, inc.	
	MBER: P96000088404		
	<i>les of Amendment</i> and fee are su	bmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Blair M. Johnson		
		Name of Contact Person	<u> </u>
	Blair M. Johnson, P.A.		
		Firm/ Company	
	P.O. Box 770496		
		Address	
	Winter Garden, FL 34777-04	96	
		City/ State and Zip Code	2
	Blair@Westorangelaw.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informa Blair Johnson	ition concerning this matter, pleas	se call:	(656-5521
Nar	ne of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made		
■ \$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)
7 E P	Mailing Address Amendment Section Division of Corporations O. Box 6327 Fallahassec, FL 32314	Amend Divisio The Co 2415 Y	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303

Articles of Amendment to Articles of Incorporation

PINNACLE PHARMACY SERVICES, INC.

(Name of Corporat	ion as currently filed with the Flori	da Dept. of State)		
P96000088404				
(Docu	ment Number of Corporation (if knov	vn)		
Pursuant to the provisions of section 607.1006. Floridits Articles of Incorporation:	la Statutes, this <i>Florida Profit Corpo</i> .	ration adopts the following amendment(s) to		
A. If amending name, enter the new name of the c	corporation:			
TEAL PHARMACY CONSULTING, INC.		The new		
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	," or "Co". A professional corpo			
B. Enter new principal office address, if applicable	la: 13849 GOLDEN	13849 GOLDEN RUSSET DR.		
(Principal office address <u>MUST BE A STREET AD.</u>	DDECC	WINTER GARDEN, FL 34787		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>0X</u>) 13849 GOLDEN			
	WINTER GARDE	N, FL 34787		
		21 A		
D. If amending the registered agent and/or registered new registered agent and/or the new registered		r the name of the		
Name of New Registered Agent				
13849 GOI	LDEN RUSSET DR			
	(Florida street address)			
New Registered Office Address: WINTER C	GARDEN	, Florida		
	(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.

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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)

Remove

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 Do	<u>c</u>	
X Remove	<u>V</u>	Mike Joi	nes	
⊥X Add	<u>SV</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) X Change	PTD	_	J. STEVEN TEAL	13849 GOLDEN RUSSET DR
Add				WINTER GARDEN, FL 34787
Remove				
2) Change		_		
Add				
Remove Change			 	
Add				
Remove				
4) Change				
Add				
Remove				_
5) Change				
Add				
Remove				
δ) Change		_		
Add				

	ts, if necessary).	cles, enter change((Be specific)			
					
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	vides for an exch	ange, reclassificati	on, or cancellation	of issued shares.	
f an amendment prov	menting the amer	ndment if not cont	ained in the amend	ment itself:	
<u>provisions for impler</u>	menting the anter				
f an amendment prov provisions for impler (if not applicable,	indicate N/A)				
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<u>provisions for impler</u>	indicate N/A)				
<u>provisions for impler</u>	indicate N/A)				

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The date of each amendment(s) added this document was signed.	adoption:	, it other than the
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 E	block does not meet the applicable statutory filing requirements, this department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ac action was not required.	dopted by the incorporators, or board of directors without shareholder a	ection and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment sufficient for approval.	ent(s)
☐ The amendment(s) was/were ap must be separately provided fo	oproved by the shareholders through voting groups. The following state reach voting group entitled to vote separately on the amendment(s):	ement
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Selecte	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other c	en ourt
арроп	nted fiduciary by that fiduciary)	
	J. STEVEN REAL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	