

PI3000011040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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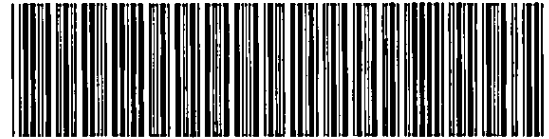
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Diverse medical Inc  
Name of Corporation

DOCUMENT NUMBER: P13000011040

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:

Vincent Bellafiore  
Name of Contact Person

Diverse Medical Inc  
Firm/Company

931 Village Blvd Ste 905-405  
Address

WPB, FL 33409  
City/State and Zip Code

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

For further information concerning this matter, please call:

Vincent Bellafiore at (877) 207-0008  
Name of Contact Person Area Code & Daytime Telephone Number

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

**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

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Diverse Medical, Inc.
2. The principal office address: 9504 Minorca Way #101  
PBG, FL 33418
3. The mailing address (if different): 931 Village Blvd Ste 905-405, WPB, FL 33409
4. Date of incorporation/qualification: 2/1/13 Document number: P13006011040
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)

Vincent Bellafiore  
2462 Flamingo Rd.  
PBG, FL 33410

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

Vincent Bellafiore  
9504 Minorca Way #101  
P.O. Box NOT acceptable  
PBG, FL 33418

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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.

Vincent Bellafiore  
Signature of an officer or director

Vincent Bellafiore, Director  
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.

Vincent Bellafiore  
Signature of Registered Agent

11/24/2020  
Date

If signing on behalf of an entity:

Vincent Bellafiore  
Typed or Printed Name

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