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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT, Biovital Beds USA, Inc.

Name of Corporation

DOCUMENT NUMBER:

P16000031121

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:

Richard Mure

Name of Contact Person

Ground Capital Corp

Firm/Company

11315 lake Shore Drive

Address

Cooper City Fl. 33026

City/State and Zip Code

rmure@bellsouth.net

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

For further information concerning this matter, please call:

Richard Mure

...954

817-7191

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

		registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Biovital beds	II Lane	- 1 Act
2. The principa	l office address: 5931 Cornwa Davie Fl. 333		
3 The mailing			
3. The maning	address (if different).		· · · · · · · · · · · · · · · · · · ·
4. Date of incom	rporation/qualification: 4//5/201	61	
	nd street address of the current regis	stered agent and registered office on file with the resigned)	
	Juan Quintero		
	5931 Cornwall lane	SE OF	ਲੇ
	Davie Florida 33331	AHAS	AG F
6. The name an (if changed):		ed agent (if changed) and /or registered office	ILED
	Ground Capital Corp	iloa Iloa	88
	11315 Lake Shore Drive		-
	Cooper City FI. 33026	Box NOT acceptable	
The street addr	ess of its registered office and the l be identical.	street address of the business office of its registered	agent,
Such change wauthorized by t	vas authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
	ulemur	Richard Mure - secretary	
I hereby accen	ure of an officer or director t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with nis document is being filed merely that the corporation has been not	Printed or typed name and title Tent and agree to act in this capacity. Ill statutes relative to the proper and complete I and accept the obligation of my position as registere to reflect a change in the registered office address, I tified in writing of this change.	ed
	Quelo Jule gnature of Registered Agent	7/20/2016	
If signing on be	ehalf of an entity:		ا من المحادث الما
Richard Mu	ıre		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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

Typed or Printed Name