

FO6000005339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Special Instructions to Filing Officer:

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12/16/11--01006--026 \*\*35.00

APPROVED  
AND  
FILED  
11 DEC 17 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPRO  
12/16/11  
TL



**NRAI  
CORPORATE  
SERVICES**  
An NRAI Solutions Company

December 12, 2011

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Equinox Management Group, Inc.

Dear Filing Officer:

Please file the attached Change of Agent for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

Joy Schroeder  
Client Specialist

Encl.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Equinox Management Group, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F06000005339

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:

Joy Schroeder  
Name of Contact Person

NRAI Corporate Services  
Firm/Company

16055 Space Center Blvd., Suite 235  
Address

Houston, TX 77062  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joy Schroeder at ( 800 ) 862-5438  
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**

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

1. The name of the corporation: Equinox Management Group, Inc.
2. The principal office address: 800 Kinderkamack Road, Suite 302, Oradell NJ 07649
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/14/2006 Document number: F06000005339

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)

Hatch, John D Esq

1267 Bershire Lane, Suite 200

Tarpon Springs, FL 34688

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

NRAI Services, Inc.

515 East Park Avenue

P.O. Box NOT acceptable

Tallahassee, FL 32301

11 DEC 17 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

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.

[Signature]  
Signature of an officer or director

Kevin Leys, Executive Vice President/Secretary  
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.*

NRAI Services, Inc.

by: [Signature]  
Signature of Registered Agent

12/12/2011  
Date

If signing on behalf of an entity:

Joy Schroeder, Asst. Secretary

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