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COVER LETTER

TO:

Amendment Section Division of Corporations

SURJECT, EQUINOXPLANET GRT CI CORP

Name of Corporation

P16000012191

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:

ENRIQUE J. PEREZ

Name of Contact Person

EQUINOXPLANET GR CI CORP

Firm/Company

11880 SW 19 terr # 121

Address

Miami FL 33175

City/State and Zip Code

enriqueperez@seatradesl.com

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

For further information concerning this matter, please call:

Enrique J. Perez

786 (6241302

Name of Contact Person

Area Code & Davtime 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

statement of cha	provisions of sections 607.0502, 617,0502, 607,156 inge is submitted for a corporation organized under r to change its registered office or registered agent,	the laws of the State of FLORI	DA
1. The name of t	the corporation: EQUINOXPLANET GRT	CI CORP	
2. The principal Miami FL	office address: 11880 SW 19 terr #121		
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 02/03/2016 Doc	ument number: P16000012	?191
	I street address of the current registered agent and retiment of State: (If resigned, enter resigned)	egistered office on file with the	
	11880 SW 19 Terr #121 Miami FL 3		23
6. The name and (if changed):	street address of the new registered agent (if chang	ged) and /or registered office	2816 SEP 19 PM 3: Segre <i>tary b</i> e som Allawassee flori
	7950 NW 53 Street, Suite 337		
	P.O. Box NOT acceptable Miami FL 33166		
The street addre	ss of its registered office and the street address of be identical.	the business office of its registr	ered agent,
Such change wa authorized by <u>th</u>	s authorized by resolution duly adopted by its boa e board, or the corporation has been notified in wi	rd of directors or by an officer riting of the change.	so
		e J. Perez / AD	Marketing to the state of the s
l hereby accept . I further agree t	to two lifet or director the approintment as registered agent and agree to o comply with the provisions of all statutes relative my duties, and I am familiar with and accept the o s document is being filed merely to reflect a chang that the corporation has been notified in writing o	e to the proper and complete -	istered ess, I
	09/13/	2016	
	nall of an entity:	Dute	
Ту	ped or Printed Name		

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 * * *