P06000140320

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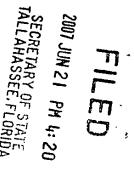
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COVER LETTER

TO:	Amendment Section Division of Corporations				
SUBJ	ECT: MODY TRADING INC.				
	(Name of Co	orporation)			
DOC	UMENT NUMBER: P06000140320				
The er	nclosed Statement of Change of Registered Office	/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter	to the following:			
	STEPHEN M. STONE, ESQUIR				
	(Name of Con	tact Person)			
	I AW OFFICES OF STEPHEN	M STONE			
	LAW OFFICES OF STEPHEN (Firm/Coi				
	(1 1111 001				
	725 NORTH MAGNOLIA AVEI	MI IE			
	(Addr				
	C	,			
	ORLANDO, FLORIDA 32803				
	(City/State and Zip Code)				
For fu	rther information concerning this matter, please ca	all:			
Steph	en M. Stone, Esquire	at (407) 423-7910 (Area Code & Daytime Telephone Number)			
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclos	sed is a \$35.00 check made payable to the Departr	nent of State.			
	Mailing Address:	Street Address:			
	Mailing Address: Amendment Section	Street Address: Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			
		Tallahassee, FL 32301			

TO:

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this cange is submitted for a corporation organized under the laws of the State of Florida			
in orde	ler to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of	fthe corporation: MODY TRADING INC.			
2. The principal	office address: 726 Lakeworth Circle			
	Lake Mary, Florida 32746			
3. The mailing a	address (if different):			
4. Date of incorp	rporation/qualification: November 6, 2006 Document number: P06000140320			
	SAUMEEL MODI			
	SAUMEEL MODI 본쯤 및 TI	Š		
	974 Explorer CV, Suite #140			
	Altamonte Springs, Florida 32701			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	HIMANSHU THAKKAR			
	726 Lakeworth Circle			
	(P.O. Box NOT acceptable)			
	Lake Mary, Florida 32746			
The street addre	ress of its registered office and the street address of the business office of its registered agent, ll be identical.			
Such change wa authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.			
₹ (Signati	Himanshu Thakkar, President (Printed or typed name and title)			
I further agree to of my duties, an document is bei	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the us peen notified in writing of this change.			
× H.R.	ignature of Registered Agent) V 06 OP 02 (Date)			
	ehalf of an entity:			
Himans	Shu Thakkpe (Typed or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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