P11000104939

| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Address) | | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
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| Certified Copies | _ Certificates | s of Status |
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COVER LETTER

TO: Amendment Section Division of Corporations

E Derivatives, Inc.

Name of Corporation

DOCUMENT NUMBER:

P11000104939

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:

William J. Keephart, CPA

Name of Contact Person

William J. Keephart, CPA, PA

Firm/Company

2281 Brunswick Pike US Route One

Address

Lawrenceville, NJ 08648

City/State and Zip Code

WKEEPHART@AOL.COM

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

For further information concerning this matter, please call:

William J. Keephart, CPA

.,609

599-8800

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida. |
|---|
| 1. The name of the corporation: E Derivatives, Inc. |
| 2. The principal office address: 6101 Aqua Avenue Apt 301 |
| Miami Beach, FL 33141-5873 |
| 3. The mailing address (if different): 2281 Brunswick Pike US Route One |
| Lawrenceville, NJ 08648 |
| 4. Date of incorporation/qualification: 12/09/2011 Document number: P11000104939 |
| 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) |
| Rajan Chopra |
| 3739 Collins Avenue Apt. #N302 |
| Miami Beach, FL 33140 |
| Miami Beach, FL 33140 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Rajan Chopra Rajan Chopra |
| Rajan Chopra |
| 6101 Aqua Avenue Apt 301 |
| P.O. Box NOT acceptable Miami Beach, FL 33141-5873 |
| 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. |
| Rajan Chopra President Signature of an officer or 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. Signature (Cregistered Agent) Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |

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