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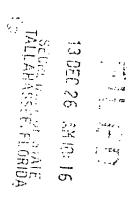
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PICK-UP WAIT MAIL		
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Special Instructions to Filing Officer:		
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COVER LETTER

Registration Section Division of Corporations Toni Express LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Anton K Todorov Name of Person Toni Express LLC Firm/Company 9050 Mountain Lakes Ave Address Las Vegas 89147 City/State and Zip Code antonktodorov@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Anton Todorov Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

Clifton Building

■ \$25 Filing Fee

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Toni Express LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 1860 Massachusetts Ave NE, apart 213, St Petersburg, FL 33703
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9050 Mountain Lakes Ave, Las Vegas, NV 89147
04-13-2011	L11000044117
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Anton K Todorov
Registered Office Address:	1860 Massachusetts Ave, apart 213, St Petersburg, FL 33703
(b) Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent	NEW Registered Office address:
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6012 Audubon Manor Blvd., Lithia, FL 33547
MOST BE TECRION STREET ADDRESS	,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Thereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability company.	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or, y.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent