F00000004891

(Re	questor's Name)	
(Ad	dress)	
(Ade	dress)	
(City	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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AP 3/11/11



ACCOUNT NO. : 12000000195

REFERENCE: 696557

7739037

AUTHORIZATION

COST LIMIT

ORDER DATE: March 11, 2011

ORDER TIME : 10:11 AM

ORDER NO. : 696557-002

CUSTOMER NO: 7739037

CHANGE OF AGENT

NAME: AST SUB, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this unge is submitted for a corporation organized under the laws of the State of Delaware
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: AST SUB, INC.
	office address:
1 HSN Dri	ve, St. Petersburg, FL 33729
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 08/30/2000 Document number: F00000004891
	A street address of the current registered agent and registered office on file with the rtment of State: NRAI Services, Inc. 515 E. Park Avenue Tallahassee, FL 32301 A street address of the new registered agent (if changed) and (or registered office)
	NRAI Services, Inc.
	515 E. Park Avenue
	Tallahassee, FL 32301
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	(P.O. Box NOT acceptable)
	Tallahassee, FL 32301
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
_ Lygnan	Elizabeth A. Dawson, Attorney in Fact (Printed or typed name and title)
I hereby accept I further agree to of my duties, an document is bei corporation has	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 d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change. on Scrvice Company
By:	03/03/2011
(Sig	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
	y, Asst. Vice President 'yped or Printed Name)
()	Near or a remote a remote

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

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