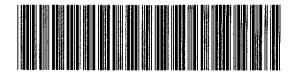
MAROUUUOURUI

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500196717135

GETARRICAT VALLATE DIVISION OF CORPORATIONS TALLAMASSEE, FLORIDA

RECEIVED

B. KOHR
MAR 1 1 2011

EXAMINER





ACCOUNT NO. : 12000000195

REFERENCE : 696557 7739037

AUTHORIZATION

COST LIMIT

ORDER DATE: March 11, 2011

ORDER TIME : 10:19 AM

ORDER NO. : 696557-057

CUSTOMER NO: 7739037

CHANGE OF AGENT

NAME: HSN REALTY LLC

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 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. Na	me of the limited liability company: HSN REAL	TY LLC	
2. (a)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	: LHSN Drive St. Petershurg, FL 33729	_
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1 HSN Drive St. Petersburg, FL 33729	FECHE PROSE
07	7/22/1998	M98000000801 3	OR STATE
3. Da	te of filing/registration in Florida	4. Document number	冥
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:	
	Registered Agent:	NRAI Services, Inc.	_
	Registered Office Address:	515 E. Park Avenue Tallahassee, FL 32301	<u>-</u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		_
	NEW Registered Agent:	Corporation Service Company	-
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301	-	
that and office hereby liabili limite	limited liability company is not organized under the lefter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company	t address of the registered office and the businese of a Florida limited liability company, it is an affirmative vote of the members of the l	ness s imited
Eliza (Printed	beth A. Dawson, Authorized Person d or typed name of signee)	_	
\mathbf{p}_{λ}	thy accept the appointment as registered agent and a y with the provisions of all statules relative to the pro miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a c m that the limited liability company has been notified ornoration Service Company	gree to act in this capacity. I further agree to per and complete performance of my duties, as registered agent as provided for in Chapte hange in the registered office address, I here in writing of this change.) and I er 608, by
	race E. Kirby, Asst. Vice President Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18 (05/08)

٥٤٩