

M98000000987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

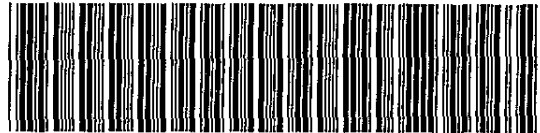
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

84 RIA change

m98-987

Office Use Only



500029862505

03/04/04--01063--004 **25.00

MJM

04 MAR -1 PM 4:28

FILED

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260
Duluth, Georgia 30096
770-497-9977 / 800-277-9977
Fax 770-813-0477 / fax 800-815-0477
E-Mail: Maggie@Paranetlegal.com

TRANSMITTAL LETTER

March 2, 2004

RE: HSM DIRECT LLC

TO: Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FR: Maggie Ferdinand
Paranet Job No. 04-02-0423/mf

PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION**
ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:
FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED)
CHECK NO 83356 AMOUNT: \$25.00 ENCLOSED

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE
NUMBER (800) 277-9977.**

THANK YOU FOR YOUR EXCELLENT SERVICE☺

*** 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. The name of the limited liability company is: HSN DIRECT LLC

2. The mailing address of the limited liability company is : _____

1 HSN Drive, St. Petersburg, FL 33729

9/8/98

M98000000987

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Steve Armstrong

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Maggie Ferdinand, Asst. Secy.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
04 MAR -4 PM 4:28
TALLAHASSEE, FL 32301