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RECEIVED 2021 OCT -5 PM 4: 05 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Eyliena Baker -- EXT#

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 029213 4813078 AUTHORIZATION (COST LIMIT ORDER DATE: September 23, 2021 ORDER TIME : 2:02 PM ORDER NO. : 029213-064 CUSTOMER NO: 4813078 CHANGE OF AGENT NAME: WALT DISNEY PARKS AND RESORTS U.S., INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ____ PLAIN STAMPED COPY

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0502 age is submitted for a corporation organi r to change its registered office or registe	ized under the lav	ws of the State	of FL		
1. The name of t	he corporation: WALT DISNEY PARKS A	AND RESORTS	U.S., INC.			
2. The principal	office address: 1375 BUENA VISTA DRIV	VE 4TH FLOOR	NORTH LAKE	E BUENA VISTA,	FL 32830	
3. The mailing a	ddress (if different): 500 SOUTH BUENA	VISTA STREE	T BURBANK,	CA 91521-0105		
4. Date of incorp	oration/qualification: 08/18/1997	Document	number: P97	7000071529		
	street address of the current registered ag tment of State: (If resigned, enter resigned		ed office on til	e with the		
	GIACALONE, MARGARET C			202 SE		
	1375 EAST BUENA VISTA DRIVE 4TH	H FLOOR NORT	Ή	2021 OCT -5	1 g	
	LAKE BUENA VISTA	FL	32830	-5 M	1 12 12 12 12 12 12 12 12 12 12 12 12 12	
6. The name and (if changed):	street address of the new registered agen	t (if changed) and	d /or registered			
	Corporation Service Company			,₩ - Gi 		
	1201 Hays Street					
P.O Box NOT acceptable						
	Tallahassee	FL	32301			
_	ss of its registered office and the street abe identical.				gent.	
authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	ified in writing of	of the change.	an officer so		
<u> </u>	agnie	Jill Cilmi Vice P				
I hereby accept I farther agree t of my duties, an document is bein corporation has	ot an otteet or director the appointment as registered agent and o comply with the provisions of all statu I I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change. Service Company	l agree to act in ues relative to th	ed or typed name a this capacity, e proper and ition as regist e address, I h	complete perfort	nance if this it the	
By: Mage	7-Kuble	09/24/2021	<u>.</u>			
Sign If signing on bel	native of Registered Agent		Date			
Grace E. Kirby, A	Asst. Vice President					
	ped or Printed Name					

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