| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nam | ne) |
| | | |
| (Do | cument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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2021 OCT -5 Mi 9: 08

2021 OCT -5 PM 4: 04

ON ON SEE FLORIDA

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : I2000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 029213 4813078 | | | | | | |
| AUTHORIZATION : | | | | | | |
| COST LIMIT : \$7354000 COST | | | | | | |
| | | | | | | |
| ORDER DATE: September 23, 2021 | | | | | | |
| ORDER TIME : 1:45 PM | | | | | | |
| ORDER NO. : 029213-010 | | | | | | |
| CUSTOMER NO: 4813078 | | | | | | |
| | | | | | | |
| CHANGE OF AGENT | | | | | | |
| NAME: CELEBRATION REALTY, INC. | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| | | | | | | |

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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

| statement of cha | - | 1502, 607.1508, or 617.1508, Ftorida S ganized under the laws of the State of <u>f</u> ristered agent, or both, in the State of Fi | FL | this | |
|---|--|--|-------------|-----------------------------|-------------------------|
| 1. The name of t | he corporation: CELEBRATION REAL | LTY, INC. | | | |
| 2. The principal | office address: 215 CELEBRATION F | PLACE CELEBRATION, FL 34747 | | | |
| 3. The mailing a | ddress (if different): 500 S BUENA VI | ISTA ST BURBANK, CA 91521 | | | |
| | poration/qualification: 09/17/1991 | | | | |
| | I street address of the current registere tment of State: (If resigned, enter resigned) | d agent and registered office on file wit gned) | h the | | |
| | GIACALONE, MARGARET C | | 71. 338 | 2021 | |
| | 1375 BUENA VISTA DRIVE 4TH F | LOOR NORTH | | 2021 OCT -5 | · |
| | LAKE BUENA VISTA | FL 32380 | 72 | ည် | |
| 6. The name and (if changed): | street address of the new registered a Corporation Service Company | gent (if changed) and /or registered offi | GET icec | AH 9: 08 | ; å |
| | | | | | |
| | 1201 Hays Street | Box NOT acceptable | | | |
| | Tallahassee | FL 32301 | | | |
| The street addre as changed will | ess of its registered office and the street be identical. | eet address of the business office of its | registe | ered ag | gent. |
| Such change wa authorized by th | is authorized by resolution duly adopte board, or the corporation has been | oted by its board of directors or by an one of the change. | officer s | so | |
| Xee | 2 agni | Jill Cilmi Vice President | | | |
| I hereby accept I further agree t of my duties, an document is bein corporation has | the appointment as registered agent to comply with the provisions of all stall I am familiar with and accept the cong filed merely to reflect a change in been notified in writing of this change in Service Company | Printed or typed name and lill and agree to act in this capacity. tatutes relative to the proper and compobligation of my position as registered the registered office address. I hereby ge. | nlete ne | erform Or, ij om thai | ance f this t the |
| By: X | o Tokinhia | 09/23/2021 | | | |
| If signing on be | half of an entity: | Date | | | |
| Grace E. Kirby, <i>i</i> | Asst. Vice President | | | | |
| | ped or Printed Name | | | | |

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