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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 608468 4813078

AUTHORIZATION : CHILD BE

COST LIMIT : (\$\35.00

ORDER DATE: April 20, 2017

ORDER TIME : 9:29 PM

ORDER NO. : 608468-245

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: WALT DISNEY PICTURES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ to change its registered office or regist	nized under the la	ws of the State of	California	
1. The name of the	he corporation: Walt Disney Pictures, In	C.			
	office address: 500 South Buena Vista S		CA 91521		
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 04/11/1994	Document	number: <u>F94000</u>	001827	
	street address of the current registered a tment of State: (If resigned, enter resigne		ed office on file w	vith the	
	Jeffrey S. Craigmile		<u>.</u>	-	
1375 East Buena Vista Drive, 4th Floor North					
	Lake Buena Vista	FL	32830	2017 SEC	
6. The name and (if changed):	street address of the new registered age	nt (if changed) and	d /or registered o	名が、	
	Margaret C. Giacalone			E.F. STR	
1375 East Buena Vista Drive, 4th Floor North					
	P.O. Box NOT	•	32830		
The street addre	ss of its registered office and the street be identical.	address of the bu	siness office of i	ts registered agent,	
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been no	d by its board of d tified in writing o	irectors or by an of the change.	officer so	
•	1 Map good of	Marsha L. Reed	· .		
I hereby accept I further agree t performance of agent. Or if this hereby confirm	the appointment as registered agent an occupily with the provisions of all states of a	d agree to act in utes relative to the accept the obligated achange in the	ion oj my positio ie registered offi	nplete n as registered	
If signing on bel	half of an entity:		Date		
Ту	ped or Printed Name  * * * FILING FE	E: \$35.00;* * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)