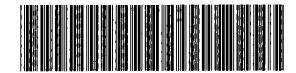
F9300003521

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



400298283384





APR 2 5 2017 T. **LEMIEUX** No

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | |
|---|--|--|--|--|--|
| REFERENCE : 608468 4813078 | | | | | |
| AUTHORIZATION CHONELO BELL ALL | | | | | |
| COST LIMIT \$ 35.00 | | | | | |
| | | | | | |
| ORDER DATE: April 20, 2017 | | | | | |
| ORDER TIME : 9:42 PM | | | | | |
| ORDER NO. : 608468-175 | | | | | |
| CUSTOMER NO: 4813078 | | | | | |
| | | | | | |
| CHANGE OF AGENT | | | | | |
| | | | | | |
| | | | | | |
| NAME: MAGIC KINGDOM, 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

| in orde | inge is submitted for a corporation organ or to change its registered office or regist | · • | · · · · · · · · · · · · · · · · · · · |
|---|--|---|---|
| 1. The name of | the corporation; Magic Kingdom, Inc. | | |
| 2. The principal | office address: 1313 Harbor Boulevard, | Anaheim, CA 92803 | |
| 3. The mailing a | address (if different): 500 South Buena V | rista Street, Burbank, CA | 91521 |
| 4. Date of incorp | poration/qualification: 08/03/1993 | Document number | F93000003521 |
| | street address of the current registered a | | on file with the |
| | Jeffrey S. Craigmile | • | |
| | 1375 East Buena Vista Drive, 4th Floor | North | · · · · · · · · · · · · · · · · · · · |
| | Lake Buena Vista | FL 32830 | FE TO |
| 6. The name and (if changed): | I street address of the new registered age | nt (if changed) and /or reg | istered of S |
| | Margaret C. Giacalone | | Table To the |
| | 1375 East Buena Vista Drive, 4th Floor North | | |
| | P.O. Box NOT | • | |
| | Lake Buena Vista | FL 32830 | · · |
| The street addre | ss of its registered office and the street be identical. | address of the business o | ffice of its registered agent, |
| Such change wa authorized by th | is authorized by resolution duly adopted the board, or the corporation has been no | by its board of directors tified in writing of the ch | or by an officer so ange. |
| المراجع المراجع المستعدد المراجع المستعدد المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم المراجع المراجع المراج | Contract Contract | Marsha L. Reed, Secre | tary . |
| - Signatur | re of an officer or director | Printed or typed | name and title: |
| I further agree t performance of a gent. Or, if thi hereby confirm | the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a s document is being filed merely to reflect the corporation has been notified in | ites relative to the proper | r' and complète y nosition as registered |
| Walyare C | C. Giacalone | 4/7/2017 | |
| Signature of Registered Agent Date | | | |
| If signing on bel | half of an entity: | | |
| Ty | ped or Printed Name | | |
| · | * * * FILING FE | E: \$35.00 * * * | |

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