(F	Requestor's Name)			
(/	Address)	· · · · · · · · · · · · · · · · · · ·		
(/	Address)			
. (0	City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL		
(i	Business Entity Name)	<u></u>		
(1	Document Number)	 		
Certified Copies	Certificates of S	Status		
Special Instructions to Filing Officer:				
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	120000001	95		
REFERENCE	:	608468	4813078		
AUTHORIZATION	:	Smile	ena		
COST LIMIT	:	\$ 35.00			
ORDER DATE : April 20, 2017		+			
<u>-</u>					
ORDER TIME : 9:56 PM					
ORDER NO. : 608468-190					
CUSTOMER NO: 4813078					
CHANGE OF AGENT					
NAME: DISNEY PUBLIS	нти	G WORLDWIDE			
INC.	*****	0 1101111111111111111111111111111111111	,		
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FILI	NG:		
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Melissa Zende					
CONTACT PERSON: METISSA Zende	T				

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statut canized under the laws of the State of Callfo istered agent, or both, in the State of Florid	mia'			
1. The name of t	he corporation: Disney Publishing Wo	orldwide, Inc.				
2. The principal	office address: 500 South Buena Vist	a Street, Burbank; CA 91521				
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 01/21/2000	Document number: F0000000037	6			
	street address of the current registere tment of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)	:			
	Jeffrey S. Craigmile					
	1375 East Buena Vista Drive, 4th Flo		17			
	Lake Buena Vista	FĹ 32830	, an	まで 20 12		
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office				
	Margaret C. Giacalone			i.		
	1375 East Buena Vista Drive, 4th Floor North					
	P.O Box N	OT acceptable				
	Lake Buena Vista	FL 32830				
		et address of the business office of its regi		ent,		
	~ 1 - ~	ted by its board of directors or by an office notified in writing of the change.				
	bull of the	Marsha L. Reed, Secretary		_		
	re of an officer or director	Printed or typed name and title		_		
I further agree is performance of agent. Or, if the hereby confirm	my duties, and I am tamiliar with and	atutes relative to the proper and complete I accept the obligation of my position as re effect a change in the registered office add	egisterea			
Much	Up Thurstone	4/7/2017		_		
(Y)	half of an antitur	Date				
it signing on be	half of an entity:					
T	yped or Printed Name					

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