F040000000388

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 029213 4813078

AUTHORIZATION

COST LIMIT

ORDER DATE: September 23, 2021

ORDER TIME : 1:48 PM

ORDER NO. : 029213-020

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: DISNEY CREDIT CARD SERVICES,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX _ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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	17.0502, 607.1508, or 617.1508, Florida Statutes n organized under the laws of the State of <u>CA</u> registered agent, or both, in the State of Florida.	
1. The name of i	the corporation: DISNEY CREDIT	CARD SERVICES, INC.	
2. The principal	office address: 500 SOUTH BUEN	NA VISTA STREET BURBANK, CA 91521	
		- .	
3. The mailing a	address (if different): 500 SOUTH	BUENA VISTA STREET BURBANK, CA 91521-	
4. Date of incorp	poration/qualification: 11/09/2004	Document number: F04000006388	
	I street address of the current regis timent of State: (If resigned, enter it	stered agent and registered office on file with the resigned)	
	GIACALONE, MARGARET C		
	1375 EAST BUENA VISTA DRIVE 4TH FLOOR NORTH		2021 607
	LAKE BUENA VISTA	FL 32830	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company		6; 2
	1201 Hays Street		သ
		P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
		street address of the business office of its regist adopted by its board of directors or by an officer een notified in writing of the change.	
authbrided by th	ne board, or the corporation has b	een notified in writing of the change.	
	re of an officer or director	Jill Cilmi Vice President	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered as	Printed or typed name and title sent and agree to act in this capacity. All statutes relative to the proper and complete p the obligation of my position as registered agent the in the registered office address. I hereby confi thange.	erformance . Or, if this rm that the
By: X) no	ro 7 Kubi	09/23/2021	
If signing on be	half of an entity:	Date	
Grace E. Kirby,	Asst, Vice President		
	yped or Printed Name	-	

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