315939

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DEPARTMENT OF SIA

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APR 25 2017

R. Wen.

CORPORATION SERVICE COMPANY 1201 Hays Street · Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 608468 REFERENCE AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE : April 20, 2017 ORDER TIME : 9:49 PM ORDER NO. : 608468-060 CUSTOMER NO: 4813078 CHANGE OF AGENT NAME: DISNEYLAND, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

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 r to change its registered office ar registe	ized under the laws of the State of Flo	rida	
1 The name of 1	he corporation: Disneyland; Inc.			
2. The principal	office address: 1375 East Buena Vista D	Prive, 4th Floor North, Lake Buena Vi	sta, FL 32830	
3. The mailing a	ddress (if different): 500 South Buena V	ista Street, Burbank, CA 91521		
4. Date of incorp	poration/qualification: -04/18/1967	Document number: 315939		
	I street address of the current registered a tment of State: (If resigned, enter resigned		the as	
	Jeffrey S. Craigmile			
	1375 East Buena Vista Drive, 4th Floor		155 24 155 24	
	Lake Buena Vista	FL 32830		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Margaret C. Giacalone			
1375 East Buena Vista Drive, 4th Floor North P.O. Box NOT acceptable				
	Lake Buena Vista	FL 32830		
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its re	egistered agent.	
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of directors or by an offified in writing of the change.	icer so	
		Marsha L. Reed, Assistant Secretary		
I hereby accept I further agree performance of agent. Or, if ih hereby confirm	the appointment as registered agent and the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in Giacalone,	ties relative to the proper and comple ceept the obligation of my position a ect a change in the registered office of	ete s registered address, I	
Mune	MURCLE (Laux 4/7/2017 Date			
O.	half of an entity:			
T	yped 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)