315939

| (Re | questor's Name) | | |
|---|--------------------|-----------|--|
| (Ad | ldress) | | |
| (Ad | idress) | | |
| (Cit | ty/State/Zip/Phone | #) | |
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| (Bu | isiness Entity Nam | ne) | |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | |
|---|--|--|
| REFERENCE : 0292137 4813078 | | |
| AUTHORIZATION : Spellice race | | |
| COST LIMIT : \$ 35.00 | | |
| ORDER DATE : September 23, 2021 | | |
| | | |
| ORDER TIME : 1:54 PM | | |
| ORDER NO. : 029213-039 | | |
| CUSTOMER NO: 4813078 | | |
| | | |
| CHANGE OF AGENT | | |
| | | |
| NAME: DISNEYLAND, INC. | | |
| | | |
| | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | |
| CERTIFIED COPY | | |
| XX PLAIN STAMPED COPY | | |
| | | |
| CONTACT PERSON: Eyliena Baker EXT# | | |
| EXAMINER: | | |

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

| statement of cha | unge is submitted for a corporation organ | 02, 607,1508, or 617,1508, Florida Statutes, this nized under the laws of the State of FL ered agent, or both, in the State of Florida. |
|---|--|--|
| 1. The name of t | the corporation: DISNEYLAND, INC. | |
| 2. The principal | office address: 1375 BUENA VISTA DRI | IVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 3283 |
| 3. The mailing a | address (if different): 500 SOUTH BUENA | A VISTA STREET BURBANK, CA 91521-0105 |
| 4. Date of incorporation/qualification: 04/18/1967 | | Document number: 315939 |
| | d street address of the current registered a timent of State: (If resigned, enter resigned | ngent and registered office on file with the ed) |
| | GIACALONE, MARGARET C | |
| | 1375 EAST BUENA VISTA DRIVE 4TH FLOOR NORT | |
| | LAKE BUENA VISTA | FL 32830 |
| 6. The name and (if changed): | I street address of the new registered ager Corporation Service Company | nt (if changed) and /or registered office |
| | 1201 Hays Street | |
| P.O. Box NOT acceptable | | |
| | Tallahassee | FL 32301 デ |
| | | address of the business office of its registered agent. |
| Such change wa authorized by th | as authorized by resolution duly adopted ne board, or the corporation has been no | d by its board of directors or by an officer so tified in writing of the change. |
| Xiel | 2. agni | Jill Cilmi Vice President |
| I hereby accept I further agree to of my duties, an document is bei corporation has | id I am familiar with and accept the obli ng filed merely to reflect a change in th s been notified in writing of this change. | utes relative to the proper and complete performance igation of my position as registered agent. Or, if this is registered office address. I hereby confirm that the |
| By: Mg | n Service Company | 09/23/2021 |
| If signing on be | half of an entity: | |
| | Asst. Vice President yped or Printed Name | |

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