## 351955

| (Re                                     | equestor's Name)       | , ,    |  |  |
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| (Ac                                     | ddress)                | -      |  |  |
|   |                        |        |  |  |
| (Ac                                     | ddress)                | ······ |  |  |
|   |                        |        |  |  |
| (City/State/Zip/Phone #)                |                        |        |  |  |
| PICK-UP                                 | ☐ WAIT                 | MAIL   |  |  |
| (Business Entity Name)                  |                        |        |  |  |
| ,                                       | •                      | •      |  |  |
| (Document Number)                       |                        |        |  |  |
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| Special Instructions to Filing Officer: |                        |        |  |  |
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Office Use Only



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DEPARTMENT OF SIME

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V HERRING APR 2 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 608468 4813078 AUTHORIZATION COST LIMIT : \$ 35'.00 ORDER DATE: April 20, 2017 ORDER TIME : 9:38 PM ORDER NO. : 608468-085 CUSTOMER NO: 4813078 CHANGE OF AGENT NAME: VISTA COMMUNICATIONS, 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<br>ange is submitted for a corporation orga  | nized under the la                         | rws of the State of Florid  | a                   |  |
|--|---|--|---|---------------------|--|
|  | r tó chánge its registered office or regis  | •  | th, in the State of Florid  | <i>a.</i>           |  |
|  | the corporation: Vista Communications,  |  |   | <del></del>         |  |
| 2. The principal   | office address: 3100 Bonnet Creek Roa   | d, Lake Buena V                            | ista, FL 32830-0180   | <del></del>         |  |
| 3. The mailing a   | address (if different): 500 South Buena \   | /ista Street, Burb                         | ank, CA 91521   |                     |  |
| 4. Date of incorp  | poration/qualification: 09/09/1969  | Document                                   | number: 351955  |                     |  |
|  | d street address of the current registered attended of State: (If resigned, enter resigned)   |  | ed office on file with the  |                     |  |
|  | Jeffrey S. Craigmile  | ,<br>                                      |   |                     |  |
|  | 1375 East Buena Vista Drive, 4th Floo   | r. North                                   | , , , , , , , , , , , , , , , , , , ,   | <u> = 9</u>         |  |
|  | Lake Buena Visța  | FL.  | 32830   | VISIO               |  |
| 6. The name and (if changed):  | i street address of the new registered age  | nt (if changed) an                         | d /or registered office.  | III APR 24 AM 9- 39 |  |
|  | Margaret C. Giacalone   |  |   | ₹ Pok               |  |
|  | 1375 East Buena Vista Drive, 4th Floor North  |  |   |                     |  |
|  | P.O. Box NOT acceptable   |  |   |                     |  |
|  | Lake Buena Vista  | FL.  | 32830   |                     |  |
| The street addre   | ess of its registered office and the street<br>be identical.  | address of the bu                          | isiness office of its regis   | tered agent.        |  |
| Such change wa<br>authorized by th   | as authorized by resolution duly adopted<br>the board, or the corporation has been no   | l by its board of d<br>tified in writing o | lirectors or by an officer<br>of the change.  | řso -               |  |
| , A , 1  | Jurgey St   | * , ,                                      | d, Assistant Secretary  |                     |  |
| I hereby accept<br>I further agree to<br>performance of<br>agent. Or, if the<br>hereby confirm | the appointment as registered agent an<br>to comply with the provisions of all stat<br>my duties, and I am familiar with and a<br>is document is heing filed merely to refl<br>that the corporation has been notified i.<br>C. Giacakone) | d norse to act in                          | ed or typed name and title this capacity te proper and complete ion of my position as re, he registered office addi-<br>change. | gistered<br>esș, l  |  |
| Miller   | ud Gruge  | 4/7/2017                                   |   |                     |  |
| Sign   | nature of Registered Agent  |  | Date  |                     |  |
| If signing on be   | half of an entity:  |  |   |                     |  |
| Ту   | yped or Printed Name  | . ,  |   |                     |  |
|  | * * * FILING FÉ   | 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)