

FOY 000036387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

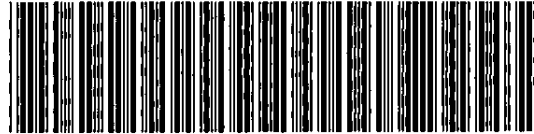
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
17 APR 24 PM 2:08

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2017 APR 24 AM 8:43
SECRETARY OF STATE
ATTORNEY GENERAL

4/25/17

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

ACCOUNT NO. : I200000000195
REFERENCE : 6084684 4813078
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : April 20, 2017
ORDER TIME : 10:01 PM
ORDER NO. : 608468-205
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: Melissa Zender

EXAMINER'S INITIALS: _____

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Disney Credit Card Services, Inc.
2. The principal office address: 500 South Buena Vista Street, Burbank, CA 91521
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/09/2004 Document number: F04000006388
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jeffrey S. Cragmille

1375 East Buena Vista Drive, 4th Floor North

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 of its registered office and the street address of the business office of its registered agent, as changed will be identical.

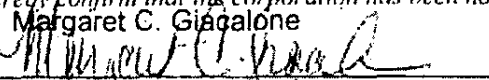
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Marsha L. Reed, Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Margaret C. Giacalone

Signature of Registered Agent

4/7/2017

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$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)

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2017 APR 24 AM 8:14
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FLORIDA
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