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2021 OCT -5 AHII: 55

RA/RO/Ch8

OCT OF 2021 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 029213 4813078

AUTHORIZATION

COST LIMIT : '/\$\35.00

ORDER DATE: September 23, 2021

ORDER TIME : 10:49 AM

ORDER NO. : 029213-006

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: ADVENTURES BY DISNEY TRAVEL

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	provisions of sections 607.0502, 61 nge is submitted for a corporation r to change its registered office or t	organized under the law	s of the State of D	<u> </u>
1. The name of t	he corporation: ADVENTURES BY	DISNEY TRAVEL SEF	RVICES, INC.	
	office address: 190 CENTER STRI			M, CA 92805
3. The mailing a	ddress (if different): 500 S. BUENA	A VISTA STREET BUR	BANK, CA 91521	
4. Date of incorp	ooration/qualification: 10/22/2013	Document n	umber:F1300000)4641
	street address of the current registement of State: (If resigned, enter re		d office on file with	the
	GIACALONE, MARGARET C			
1375 BUENA VISTA DRIVE 4TH FLOOR NORTH				
	LAKE BUENA VISTA	FL	32830	202
6. The name and (if changed):	street address of the new registere	d agent (if changed) and	/or registered offic	2021 GCT -5
	Corporation Service Company			語
	1201 Hays Street			. ö
	P.O Box NOT acceptable			
	Tallahassee	FL	32301	
The street addre as changed will	ss of its registered office and the sbe identical.	street address of the bus	siness office of its i	registered agent,
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of dien notified in writing o	irectors or by an of f the change.	ficer so
Xie	E. alpri	Jill Cilmi Vice Pr	esident	
I hereby accept I further agree t of my duties, and document is bein corporation has	e of an officer or director the appointment as registered age of comply with the provisions of al of I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch n Service Company	ent and agree to act in the ll statutes relative to the se obligation of my posi- e in the registered office	d or typed name and title his capacity, e proper and compl tion as registered a address. I hereby	lete performance igent. Or, if this confirm that the
By: 1) on	r Service Company	09/23/2021		
	half of an entity:		Date	
	•			
	Asst. Vice President ped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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