F14000004763

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CT 11 LUI

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 029213 4813078

AUTHORIZATION

COST LIMIT : /\$\\35,.00

ORDER DATE: September 23, 2021

ORDER TIME : 1:48 PM

ORDER NO. : 029213-023

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: DISNEY GIFT CARD 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	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of VA or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: DISNEY GIFT C	ARD SERVICES, INC.
2. The principal	office address: 1675 BUENA VIS	STA DR LAKE BUENA VISTA, FL 32830
3. The mailing a	ddress (if different): 500 S. BUE	NA VISTA ST BURBANK, CA 91521
		4 Document number: F14000004763
	I street address of the current reg tment of State: (If resigned, ente	istered agent and registered office on file with the resigned)
	GIACALONE, MARGARET C	
	1375 BUENA VISTA DR	
	LAKE BUENA VISTA	FL 32830
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	Corporation Service Company	
	1201 Hays Street	
P.O. Box. NOT acceptable		P.O Box NOT acceptable
	Tallahassee	FL 32301
The street addre	ss of its registered office and the	e street address of the business office of its registered agent.
Such change was authorized by the	is authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
Xie	2 aonie	Jill Cilmi Vice President
Signatur	e of an officer or director	Printed or typed name and title
I further agree to of my duties, and document is being corporation has	the appointment as registered a comply with the provisions of d I am familiar with and accepting filed merely to reflect a chain been notified in writing of this a Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address. I hereby confirm that the change.
By: Y)	ro rokinhi	09/23/2021
- C - C - S E	alture of Registered Agent	Date
If signing on bel	half of an entity:	
Grace E. Kirby, A	Asst. Vice President	
Tv	ped or Printed Name	_

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