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Certified Copies	_ Certificates of	of Status		
Special Instructions to I				
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RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195			
REFERENCE : 0292137 4813078			
AUTHORIZATION: Spelle le man			
COST LIMIT : \$ 35.00			
ORDER DATE : September 23, 2021			
ORDER TIME : 1:49 PM			
ORDER NO. : 029213-026			
CUSTOMER NO: 4813078			
CHANGE OF AGENT			
NAME: DISNEY INTERNATIONAL EMPLOYMENT 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	17.0502, 607.1508, or 617.1508, Florid In organized under the laws of the State Ir registered agent, or both, in the State (	of DE
1. The name of ti	he corporation: DISNEY INTERN.	ATIONAL EMPLOYMENT SERVICES	S, INC.
2. The principal	office address: 500 SOUTH BUE	NA VISTA STREET BURBANK, CA 9	1521
3. The mailing a	ddress (if different): 500 SOUTH	BUENA VISTA STREET BURBANK,	CA 91521-0105
4. Date of incorp	oration/qualification: 03/18/1993	Document number: F930	00001359
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the
	GIACALONE, MARGARET C		
	H FLOOR NORTH		
	LAKE BUENA VISTA	FL 32830	202
6. The name and (if changed):	street address of the new register	ed agent (if changed) and /or registered	PR 7 75
	Corporation Service Company		J
	1201 Hays Street		9.
	T # 1	P.O. Box NOT acceptable	707 707
	Tallahassee	FL 32301	
		street address of the business office o	
authorized by th	e board, or the corporation has b	adopted by its board of directors or by seen notified in writing of the change.	an officer so
Xee (	e almi	Jill Cilmi Vice President	
I hereby accept to I further agree to of my duties, and document is bein corporation has	o comply with the provisions of a	Printed or typed name as gent and agree to act in this capacity, all statutes relative to the proper and of the obligation of my position as registed ge in the registered office address. I he hange.	complete performance
By: Donation	o Pations	09/23/2021	
	alure of Registèred Agent	Date	
If signing on beh	nalf of an entity:		
Grace E. Kirby, A	Asst. Vice President		
Ty	ped or Printed Name	-	

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