## F96000003812

| (Re                                     | equestor's Name)     |                |  |  |  |  |
|---|----------------------|----------------|--|--|--|--|
| (Address)                               |                      |                |  |  |  |  |
| (Ad                                     | dress)               |                |  |  |  |  |
| (Cit                                    | ty/State/Zip/Phone # | <del>¥</del> ) |  |  |  |  |
| PICK-UP                                 | ☐ WAIT               | MAIL           |  |  |  |  |
| (Bu                                     | isiness Entity Name  | <del>)</del>   |  |  |  |  |
| (Document Number)                       |                      |                |  |  |  |  |
| Certified Copies Certificates of Status |                      |                |  |  |  |  |
| Special Instructions to Filing Officer: |                      |                |  |  |  |  |
|   |                      |                |  |  |  |  |
|   |                      |                |  |  |  |  |
|   |                      |                |  |  |  |  |

Office Use Only



500131223745

RECEIVED

OR JUN 30 AM 10: 42

OR JUN 30 AM 10: 42

OB JUN 30 PM 12: 17
SECRETARY OF STATE
TALLAHASSEE, FLORID,

R.A. Charg

C CONHUMB JUN 3 0 2008



| ON SERVICE COMPANY                              |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| ACCOUNT NO. : 07210000032                       |  |  |  |  |  |  |
| REFERENCE : 531740 5025406                      |  |  |  |  |  |  |
| AUTHORIZATION Spullelena                        |  |  |  |  |  |  |
| COST LIMIT : \$35.00                            |  |  |  |  |  |  |
| ORDER DATE : April 16, 2008                     |  |  |  |  |  |  |
| ORDER TIME : 10:01 AM                           |  |  |  |  |  |  |
| ORDER NO. : 531740-010                          |  |  |  |  |  |  |
| CUSTOMER NO: 5025406                            |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| CHANGE OF AGENT                                 |  |  |  |  |  |  |
| NAME: CIRQUE DU SOLEIL ORLANDO,<br>INC.         |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |  |  |
| XX PLAIN STAMPED COPY                           |  |  |  |  |  |  |
| CONTACT PERSON: Cindy Harris                    |  |  |  |  |  |  |
| EXAMINER'S INITIALS:                            |  |  |  |  |  |  |

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

| statement of ci                | e provisions of sections 607<br>hange is submitted for a corp   | poration organiz  | ed under the laws of th   | e State of <u>De</u>                                       | laware                                    | <del></del>                |
|--------------------------------|---|---|---|--|---|----------------------------|
| <del></del>                    | der to change its registered o  | •   | •   | e State of Flo   | rida.                                     |                            |
| 1. The name o                  | f the corporation: CIRQUE I   | DU SOLEIL ORI   | LANDO, INC.   | ·<br>  | <del></del>                               |                            |
| 2. The principa                | al office address: 1478 E. Bu   | iena Vista, Lake  | Buena Vista, FL 32830   |  |   |                            |
| 3. The mailing                 | address (if different): 980 K   | Celly Johnson Dri   | ve, Las Vegas, NV 8911  | 9  |   |                            |
| 4. Date of inco                | rporation/qualification: 07/  | 26/1996   | Document number   | . F96000003  | 812                                       |                            |
|                                | nd street address of the curre<br>artment of State:   | nt registered age   | ent and registered office   | e on file with   | the .                                     |                            |
|                                | Robert Blain  |   |   |  |   | •                          |
|                                | 1478 East Buena Vista Drive, Lake Buena Vista   |   |   |  | SEC                                       | <b>3</b>                   |
|                                | Orlando, FL 32830   |   |   |  | AHA                                       |                            |
| 6. The name ar<br>(if changed) | nd street address of the new i  | registered agent  | (if changed) and /or reg  | gistered office  | ARY OF                                    | IIIN 30 PHIZ               |
| ٠.                             | Corporation Service Comp  | any   | ·   |  | 307<br>\$18                               | <u>ت</u> ر                 |
|                                | 1201 Hays Street  |   |   |  | RIDA                                      | 7                          |
|                                | (P.O. Bo  | x NOT acceptable)   |   |  | -   |                            |
|                                | Tallahassee, FL 32301   |   | · · · · · · · · · · · · · · · · · · ·   | <u> </u>   | •   | , .                        |
| The street add as changed wi   | ress of its registered office<br>ll be identical.   | and the street ac   | ddress of the business  | office of its i  | registered a                              | gent,                      |
| Such change v<br>authorized by | vas authorized by resolution<br>the board, or the corporation   | n duly adopted in has been noti   | by its board of director<br>fied in writing of the o  | rs or by an or<br>change.                                  | fficer so                                 | •                          |
| , •                            | * CONTRACT OF THE PARTY OF THE |   | René Khayat, Secretary  |  |   | ,                          |
|                                | ture of an officer or director).  |   |   | ped name and title   | -   |                            |
| corporation no                 | of the appointment as regist<br>to comply with the provisi<br>and I am familiar with and a<br>cing filed merely to reflect a<br>as been notified in writing o<br>on Service Company   | ered agent and<br>ons of all statut<br>accept the oblig<br>a change in the<br>of this change. | agree to act in this ca<br>es relative to the prop<br>ation of my position a<br>registered office addri | pacity.<br>er and comp.<br>s registered i<br>ess, I hereby | lete perforn<br>agent. Or,<br>confirm the | nance<br>if this<br>at the |
| ву: И                          | hell & I/an   | NV2-  | 6-2   | 7-08   |   |                            |
| (5                             | ignature of Registered Agent)   | . 0   | . ([  | Date)  |   |                            |
| If signing on b                | ehalf of an entity:   |   |   |  |   |                            |
| <del> </del>                   | nnoy, Assistant VP  | · .   | •   |  | ٠   | ٠                          |
|                                | (Typed or Printed Name)   | e prij trica mier   | . 625 00 + + + .  |  |   |                            |
|                                | * * * *   | * FILING FEE  | ·・ ゆうつ・UV " " "   |  |   |                            |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)