## F-960000005527

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I ALBRITTON

## CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 608468 481307

AUTHORIZATION : Spelle Real

COST LIMIT : '\$' 3.5.00

ORDER DATE: April 20, 2017

ORDER TIME : 9:35 PM

ORDER NO. : 608468-165

CUSTOMER NO: 4813078

## CHANGE OF AGENT

NAME: WALT DISNEY IMAGINEERING

RESEARCH & DEVELOPMENT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted for a corporation o	7.0502, 607.1508. or 617.1508, Florida Statutes, this organized under the luws of the State of Delaware egistered agent, or both, in the State of Florida.	
	<i>a b</i>	eering Research & Development, Inc.	
2. The principal	A ADA PILL DE LA		
3. The mailing a	address (if different): 500 South Buer	na Vista Street, Burbank, CA 91521	
4. Date of incor	poration/qualification: 10/24/1996	Document number: F96000005527	
5. The name and		red agent and registered office on file, with the a signed)	
	Jeffrey S. Craigmile	4	
	1375 East Buena Vista Drive, 4th F	Floor North	
	Lake Buena Vista	FL 32830	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office PR	Ť
	Margaret C. Giacalone	A 24	
	1375 East Buena Vista Drivé, 4th F	This is a small to the state of	1,
	P.O. Box Lake Buena Vista	NOT acceptable  FL 32830	<b>©</b>
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of its registered agent,	
Such change wa	as authorized by resolution duly ado ne board, or the corporation has been	pted by its board of directors or by an officer so n notified in writing of the change.	
- A. K.	well of the said	Marsha L. Reed, Secretary	
I further agree performance of agent. Or, if the hereby confirm	my duities, and I am familiar with a	statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I	
Milly	willed	4/7/2017 Date	
Ü	nature of Registered Agent	Jan	
T	yped or Printed Name		

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