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TABLES

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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 : 2:01 PM

ORDER NO. : 029213-062

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: WALT DISNEY IMAGINEERING

RESEARCH & DEVELOPMENT, 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

Pursuant to the provisions of sections 607.0502, 617.050, statement of change is submitted for a corporation organ	
in order to change its registered office or registe	ered agent, or both, in the State of Florida.
1. The name of the corporation: WALT DISNEY IMAGINE	EERING RESEARCH & DEVELOPMENT, INC.
2. The principal office address: 1401 FLOWER STREET	
3. The mailing address (if different): 500 SOUTH BUENA	A VISTA STREET BURBANK, CA 91521
4. Date of incorporation/qualification: 10/24/1996	Document number: F96000005527
5. The name and street address of the current registered at Florida Department of State: (If resigned, enter resigned)	•
GIACALONE, MARGARET C	
1375 BUENA VISTA DRIVE 4TH FLO	OR NORTH
LAKE BUENA VISTA	
6. The name and street address of the new registered ager (if changed):	
Corporation Service Company	99
1201 Hays Street	်းကို ဟ
P.O. Box	NOT acceptable
Tallahassee	FL 32301
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent.
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so tified in writing of the change.
Xie & Comi	Jill Cilmi Vice President
Signature of an officer or diffector	Printed or typed name and title
I hareby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company	utes relative to the proper and complete performance igation of my position as registered agent. Or, if this e registered office address, I hereby confirm that the
By: Man 1 - Kubl	09/24/2021
	Date
If signing on behalf of an entity:	
Grace E. Kirby, Asst. Vice President Typed or Printed Name	
* * * FILING FE	.F: \$35.00 * * *

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