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Office Use Only



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APR 25 2017

R. WHITE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000,0000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: April 20, 2017 ORDER TIME : 9:50 PM ORDER NO. : 608468-055 CUSTOMER NO: 4813078 CHANGE OF AGENT NAME: DISNEY WORLDWIDE SERVICES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

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

| statement of c | hange is submitted for a corporation o | 7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of <u>Flo</u> egistered agent, or both, in the State of Flo | orida | | |
|---|---|--|--------------------------------|--|--|
| 1. The name o | f the corporation: Disney Worldwide S | Services, Inc. | | | |
| 2. The principa | al office address: 1375 East Buena Vi | sta Drive, 4th Floor North, Lake Buena Vis | sta, FL 32830 | | |
| 3. The mailing | g address (if different): 500 South Bue | na Vista Street, Burbank, CA 91521 | | | |
| 4; Date of inco | orporation/qualification: 05/01/1989 | Document number: K84262 | | | |
| | nd street address of the current register partment of State: (If resigned, enter res | red agent and registered office on file with signed) | the. | | |
| | Jeffrey S. Craigmile | , | | | |
| | 1375 East Buena Vista Drive, 4th Floor North | | | | |
| | Lake Buena Vista | FL 32830 | line a man | | |
| 6. The name at (if changed) | | agent (if changed) and /or registered office | . 2 | | |
| | | | | | |
| | P.O. Box NOT acceptable | | | | |
| | Lake Buena Vista | FL 32830 | \$64 | | |
| The street add as changed wi | lress of its registered office and the still be identical. | reet address of the business office of its re | gistered agent, | | |
| Such change v authorized by | was authorized by resolution duly ado the board, or the corporation has been | pted by its board of directors or by an off n notified in writing of the change. | icer șo | | |
| | Marsha L. Reed. Secretary | | | | |
| I hereby accept further agree performance agent. Or, if the hereby confin | this document is being filed merely to ment that the corporation has been notified. Giacalone | statutes relative to the proper and completed accept the obligation of my position as reflect a change in the registered office a led in writing of this change. 4/7/2017 | ete registered ddress, I | | |
| | ignature of Registered Agent oehalf of an entity: | Date | | | |
| , | Typed or Printed Name | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE. FL 32314

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