(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						

Office Use Only





RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOUNT I	: . O <i>V</i> .	1200000	000195
		REFEREI	NCE :	029213	4813078
		AUTHORIZAT	ION :	Lack	
		COST LI	: TIM	\$\\\ 35.00	le man
ORDER :	DATE :	September 23	, 2021		· • • • • • • • • • • • • • • • • • • •
ORDER '	TIME :	1:53 PM			
ORDER 1	NO. :	029213-038			
CUSTOM	ER NO:	4813078			
		CHANGE (OF AGEN	<u></u> <u>T</u>	
	NAME:	DISNEY WOR	RLDWIDE	SERVICE	CS,
	_ CERTII	THE FOLLOWING	G AS PR	OOF OF F	ILING:
XX	_	FIED COPY STAMPED COPY			

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

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

statement of cha	nge is subm	g sections 007.0302, (itted for a corporatio its registered office o	m organizea	under the law	vs of the State o	of_FL		
_		ion: DISNEY WORLD	~	-		,		
2. The principal	office addre	:ss: 1375 BUENA VIS	STA DRIVE	4TH FLOOR	NORTH LAKE	BUENA VISTA, FL 32830		
3. The mailing a	ddress (if di	fferent); 500 SOUTH	I BUENA VI	STA STREET	BURBANK, C	CA 91521		
		lification: 05/01/198			number: K8420			
		ess of the current reginte: (If resigned, enter		and registered	d office on file	with the		
	GIACALO	NE, MARGARET C						
	1375 EAS	1375 EAST BUENA VISTA DRIVE 4TH FLOOR NORTH						
	LAKE BU	ENA VISTA		FL	32830			
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office							
	Corporatio	n Service Company						
	1201 Hays	Street				Service of		
	P.O. Box. NOT acceptable							
	Tallahasse	e ——————		FL	32301	_ _		
The street addre as changed will	ess of its reg be identical	istered office and the	e street addi	ress of the bus	siness office o	f its registered agent.		
Such change wa authorized by th	s authorized ne board, or	d by resolution duly the corporation has l	adopted by been notifie	its board of d d in writing o	irectors or by a fifthe change.	an officer so		
X	ے عو	almi		Cilmi Vice Pr	•			
gnatur	re of an officer o	or director		Printe	ed or typed name an	id title		
of my duties, and document is being	o comply w d I am fami ng filed mer been notifi	ed in writing of this i	all statutes the obligati ge in the re	ree to act in t relative to the on of my posi gistered office	this capacity, e proper and c ition as registe e address, I he	complete performance ered agent. Or, if this reby confirm that the		
Ву:	The second	Kinhi a	09	/23/2021				
	nature of Registi	èred Agent			Date			
If signing on bel	half of an ei	ntity:						
Grace E. Kirby,								
Ту	oped or Printed 1	Name	_					

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