L100000035543

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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2021 SEP 30 AH 8:23: TALLAHASSEE, FLORING

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | | |
|---|--|--|--|--|--|--|--|
| REFERENCE : 029213 4813078 | | | | | | | |
| AUTHORIZATION : Smelle man | | | | | | | |
| COST LIMIT : \$,25.00 | | | | | | | |
| ORDER DATE : September 23, 2021 | | | | | | | |
| ORDER TIME : 11:05 AM | | | | | | | |
| ORDER NO. : 029213-035 | | | | | | | |
| CUSTOMER NO: 4813078 | | | | | | | |
| | | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| NAME: DISNEY VACATION CLUB HAWAII MANAGEMENT COMPANY, LLC | | | | | | | |
| | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
| CERTIFIED COPY | | | | | | | |
| XX PLAIN STAMPED COPY | | | | | | | |
| | | | | | | | |
| CONTACT PERSON: Eyliena Baker EXT# | | | | | | | |

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. N | ame of the limited liability company: DISNEY VACA | TION CL | UB HAWAII | MANAGEMENT COM | MPAN' | /, LLC |
|---|---|---|---|---|---|--|
| 2. (a) | 215 CELEBRATION PLACE | O | (b) 500 S BUENA VISTA ST | | | |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| · | Mailing address of limited (Note: MAY BE POST | | |
| | CELEBRATION, FL 34747 | | BURBAN | K, CA 91521 | | |
| | 04/01/2010 | | L1000003 | 5543 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | - | |
| 5. (a) | GIACALONE, MARGARET C | | | | | |
| () | Registered Agent and Registered Office shown on the records of | - u: | | | | |
| | 1375 BUENA VISTA STREET, 4TH FLOOR NORTH | m | ~ | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | TALL | 1021 SEP 30 SECRETARY TALL ASS | العادي | | |
| | LAKE BUENA VISTA | 32830 | · | - 第25 第25 - 2 | | 1.19 2.12 7.12 7.12 7.12 |
| 71.3 | | | | ्र विदेशी संस्थित | 2 | ر الاست الاست |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | - <u> </u> | 8: 23 | |
| | Corporation Service Company | | | | | |
| | NEW Registered Office Address: | | - | • | | |
| | 1201 Hays Street | | | _ | | |
| | Tallahassee . FL | 32301 | | | | |
| cnange agent v was/we | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | registere ability con of the limi | d office and mpany, it is ited liability | I the business office of hereby confirmed that company or as others | f the re | gistered |
| | | | | avazzi Authorized Person | | |
| I herei provisi the obli to mere notified | we of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change. | perjorma d for in C iereby co | in this capa nce of my d hapter 605, nfirm that th | uties, and I am familie F.S. Or, if this docum he limited liability con | o comp ir with nent is upany i | ly with the and accept being filed has been |
| | vaco (TXVO) | Gra | ice E. Kirby | , Asst. Vice President | | |