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(Requestor's Name) (Address) (Address)	500369821435
(City/State/Zip/Phone #)	TERESEE, FL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE :

029213 4813078 AUTHORIZATION enda

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COST LIMIT : ' ------

- ORDER DATE : September 23, 2021
- ORDER TIME : 11:03 AM
- ORDER NO. : 029213-024
- CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME : DISNEY HUMAN RESOURCES STRATEGIES AND SERVICES, LLC

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 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.

Na	me of the limited liability company:		OURCES ST	RATEGIES AND SERVICES, LLC
(a)	500 S. BUENA VISTA STREET		(b) 500 S. BI	UENA VISTA STREET
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	BURBANK, CA 9152		BURBAN	K, CA 9152
	04/10/2015		M1500000	2627
	Date of filing/registration in Florida	4.		Document number
(a)	GIACALONE, MARGARET C Registered Agent and Registered Office shown on the records 1375 BUENA VISTA DRIVE, 4TH FLOOR NORT	H		_ c: _
(a)	Registered Agent and Registered Office shown on the records	H	55)	
	Registered Agent and Registered Office shown on the records 1375 BUENA VISTA DRIVE, 4TH FLOOR NORT Registered Office Address (MUST BE FLORIDA STRE	H <u>ST ADDRE:</u> 32830	55)	-
	Registered Agent and Registered Office shown on the records 1375 BUENA VISTA DRIVE, 4TH FLOOR NORT Registered Office Address (MUST BE FLORIDA STRE	H E <u>T ADDRE:</u> FL	<u>559</u>	-
	Registered Agent and Registered Office shown on the records 1375 BUENA VISTA DRIVE, 4TH FLOOR NORT Registered Office Address (MUST BE FLORIDA STREE LAKE BUENA VISTA	H E <u>T ADDRE:</u> FL	<u>559</u>	20 5 12 02 1 1
(a) (b)	Registered Agent and Registered Office shown on the records 1375 BUENA VISTA DRIVE, 4TH FLOOR NORT Registered Office Address (MUST BE FLORIDA STREE LAKE BUENA VISTA Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	H E <u>T ADDRE:</u> FL	<u>559</u>	2021 S. X. 30 PH
	Registered Agent and Registered Office shown on the records 1375 BUENA VISTA DRIVE, 4TH FLOOR NORT Registered Office Address <u>(MUST BE FLORIDA STREA</u> LAKE BUENA VISTA Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u> Corporation Service Company	H E <u>T ADDRE:</u> FL	<u>559</u>	2021 S > 30 2021 S > 30 2021 S > 30

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Chakira H Gavazzi

Chakira H Gavazzi Authorized Person Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

 \circ e Signature of Registered Agent

Signature of a member or authorized representative of a member

Grace E. Kirby, Asst. Vice President

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00