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| Certified Copies Certifica | tes of Status | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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DEPARTICENT OF SINT

APR 25 2017

R. WHITE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

| | | ACCOUNT NO. | : | 120000 | 0001 | 95 | |
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| | | REFERENCE | : | 608468 | // | | |
| | A | UTHORIZATION | · :C | Squell | ele. | red . | |
| | | COST LIMIT | ' : | \$ 35.0 | | | |
| ORDER DAT | E: Apr | il 20, 2017 | | | | | |
| ORDER TIM | IE : 9: | 25 PM | | | | | |
| ORDER NO. | : 608 | 468-105 | | | | | |
| CUSTOMER | NO: | 4813078 | | | | | |
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| CHANGE OF AGENT | | | | | | | |
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| NA | ME: | WALT DISNEY | TRAV | EL CO, | INC. | | |
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EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

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

| 1. The name of the corporation: Walt Disney 1 2. The principal office address: 190 Center St 3: The mailing address (if different); 500 Sout 4. Date of incorporation/qualification: 09/22/2 5. The name and street address of the current r Florida Department of State: (If resigned, er Jeffrey S. Craigmile 1375 East Buena Vista Drive Lake Buena Vista 6. The name and street address of the new regi (if changed): Margaret C. Giacalone 1375 East Buena Vista Drive Lake Buena Vista Drive | reet Promenade, Suite 1955, Anaheim, CA 9 | | | | | |
|---|---|-----------|--|--|--|--|
| 3. The mailing address (if different): 500 Sout 4. Date of incorporation/qualification: 09/22/2 5. The name and street address of the current reflorida Department of State: (if resigned, endanged): 1375 East Buena Vista Drive Lake Buena Vista 6. The name and street address of the new reging (if changed): Margaret C. Giacalone 1375 East Buena Vista Drive | | | | | | |
| 4. Date of incorporation/qualification: 5. The name and street address of the current reflorida Department of State: (If resigned, en Jeffrey S. Craigmile 1375 East Buena Vista Drive Lake Buena Vista 6. The name and street address of the new reging (if changed): Margaret C. Giacaione 1375 East Buena Vista Drive | | 2805 | | | | |
| 5. The name and street address of the current r Florida Department of State: (If resigned, er Jeffrey S. Craigmile 1375 East Buena Vista Drive Lake Buena Vista 6. The name and street address of the new regi (if changed): Margaret C. Giacalone 1375 East Buena Vista Drive | h Buena Vista Street, Burbank, CA 91521 | - | | | | |
| Florida Department of State: (If resigned, er Jeffrey S. Craigmile 1375 East Buena Vista Drive Lake Buena Vista 6. The name and street address of the new regi (if changed): Margaret C. Giacalone 1375 East Buena Vista Drive | 2006 Document number: P06000 | 122628 | | | | |
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| Lake Buena Vista 6. The name and street address of the new regi (if changed): Margaret C. Giacalone 1375 East Buéna Vista Drive | • | | | | | |
| 6. The name and street address of the new regi (if changed): Margaret C. Giacalone 1375 East Buéna Vista Drive | , 4th Floor North | | | | | |
| (if changed): Margaret C. Giacalone 1375 East Buéna Vista Drive | FL 32830 | <u> </u> | | | | |
| 1375 East Buéna Vista Drive | stered agent (if changed) and /or registered of | | | | | |
| F | | | | | | |
| | 4th Floor North | # 5 | | | | |
| Lake Buena Vista | P.O. Box NOT acceptable | | | | | |
| | FL 32830 | | | | | |
| The street address of its registered office and as changed will be identical. | | | | | | |
| Such change was authorized by resolution du authorized by the board, or the corporation has | is been notified in writing of the change. | niucei so | | | | |
| Signature of an officer or director | Marsha L. Reed, Secretary | | | | | |
| I hereby accept the appointment as registered I further agree to comply with the provisions performance of my duties, and I am familiar agent. Or, if this document is being filed mer hereby fonfirm that the corporation has been Malgaret C. Giacalone | d agent and agree to act in this capacity of all statutes relative to the proper and com with and accept the obligation of my position with to reflect a change in the registered offic- | | | | | |
| Signature of Reastered Agent | Date | , | | | | |
| If signing on behalf of an entity: | | | | | | |
| Typed or Printed Name | Milledger, | | | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)