## P07000 | 18825

(Requestor's Name)	_			
(Address)				
(Address)	_			
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)	_			
(Dusiness Linky Harrie)				
(Document Number)	_			
(====,				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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DEPARTMENT OF STATE



APR 2 5 2017 T. LEMIEUX N

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 608468 4813078				
AUTHORIZATION: Spelle Renan				
COST LIMIT : \$35.00				
ORDER DATE : April 20, 2017				
ORDER TIME : 9:52 PM				
ORDER NO. : 608468-045				
CUSTOMER NO: 4813078				
CHANGE OF AGENT				
NAME: DISNEY VACATION DEVELOPMENT HOLDINGS, 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

1 7017		gistered agent, or both, in the State of Florida.
1. The name of	f the corporation: Disney Vacation Dev	velopment Holdings, Inc.
2. The principa	al office address: 1390 Celebration Bo	ulevard, Celebration, FL 34747
3. The mailing	address (if different): 500 South Buer	na Vista Street, Burbank, CA 91521
4. Date of inco	orporation/qualification: 10/30/2007	Document number: P07000118825
5. The name ar		red agent and registered office on file with the igned)
	Jeffrey S. Craigmile	
	1375 East Buena Vista Drive, 4th F	loor North
	Lake Buena Vista	FL 32830
6. The name a (if changed)	——————————————————————————————————————	agent (if changed) and /or registered office
	Margaret C. Giacalone	
	1375 East Buena Vista Drive, 4th F	
		NOT acceptable FL 32830 TO U
	Lake Buena Vista	
_	lress of its registered office and the still be identical.	
Such change vauthorized by	was authorized by resolution duly ado the board, or the corporation has been	pted by its board of directors or by an officer so n notified in writing of the change.
الر الر	ature of an officer or director	Marsha L. Reed, Vice President and Secretary
• •	pt the appointment as registered agen e to comply with the provisions of all of my duties, and I am familiar with a	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address. I
I further agree performance o agent. Or, if i hereby confiri	t C. Giacalone 🥕 🦈	
I further agree performance of agent. Or, if i hereby confirm Manparet	Lub Curvis C	4/7/2017
I further agree performance of agent. Or, if i hereby confirm Mangaret	C. Glacalone	4/7/2017 Date
I further agree performance of agent. Or, if i hereby confirm Mangaret	Lub Curvis C	

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

CR2E045 (03/12)