4122

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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OCT () 1) 2021 ! ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 02921/3 / 481307

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 23, 2021

ORDER TIME : 10:50 AM

ORDER NO. : 029213-008

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: BUENA VISTA HOME

ENTERTAINMENT, INC.

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 CORPORATIONS

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of CA or registered agent, or both, in the State of Florida.		
1. The name of t	he corporation: BUENA VISTA I	HOME ENTERTAINMENT, INC.		
		ISTA ST BURBANK, CA 91521-0105	_	
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 04/21/198	Document number: P14122		
	street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)		
	GIACALONE, MARGARET C			
	1375 BUENA VISTA DR 4TH FLOOR NORTH			
	LAKE BUENA VISTA	FL 32830 22		
6. The name and (if changed):	J	FL 32830 Ered agent (if changed) and /or registered office		
	Corporation Service Company	<u>/ </u>		
	1201 Hays Street	2		
	Tallahassee	P.O Box NOT acceptable FL 32301		
The street addre as changed will	ss of its registered office and the	ne street address of the business office of its registered ag	ent,	
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.		
Xie	2 aoni	Jill Cilmi Vice President		
/ 1	e of an officer or director	Printed or typed name and title	_	
corporation nas	the appointment as registered a ocomply with the provisions of all I am familiar with and accepting filed merely to reflect a charbeen notified in writing of this a Service Company	igent and agree to act in this capacity. I all statutes relative to the proper and complete performe I the obligation of my position as registered agent. Or, if ige in the registered office address, I hereby confirm that change.	ance this the	
By: Dan	co Tokubi	09/23/2021		
•	half of an entity:	Date	_	
	·			
	Asst. Vice President ped or Printed Name	_		

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

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