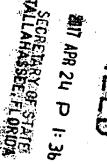
P17652

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DEPARTMENT OF STATE

APR 2 5 2017

Ohio

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : I2000000195			
REFERENCE : 608468 4813078			
AUTHORIZATION: Siquelo ele man			
COST LIMIT : \$ 35.00			
ORDER DATE : April 20, 2017			
ORDER TIME : 9:47 PM			
ORDER NO. : 608468-150			
CUSTOMER NO: 4813078			
CHANGE OF AGENT			
NAME: EURO DISNEY CORPORATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY			
CONTACT PERSON: Melissa Zender			

EXAMINER'S INITIALS:

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

státèment of change is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Euro Disney Cor	,	
2. The principal office address: 500 South Buene	ı Vista Street, Burbank, CA 91521	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 01/14/198	8 Document number: P17652	
5. The name and street address of the current regi Florida Department of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
Jeffrey S. Craigmile		
1375 East Buena Vista Drive, 4	th Floor North	
Lake Buena Vista	FL 32830	
6. The name and street address of the new registe (if changed): Margaret C. Giacalone	ZES SE	ŧ
1375 East Buena Vista Drive, 4	th Floor North Box NOT acceptable) is
*		1
Lake Buena Vista	FL 32830	,
as changed will be identical.	e street address of the business office of progistered agent. adopted by its board of directors or by an officer so been notified in writing of the change.	
22-6-3-5	Marsha L. Reed, Secretary	
I hereby accept the appointment as registered a liferithm agree to comply with the provisions of performance of my duties, and I am familiar with agent. Or, if this document is being filed merely hereby confirm that the corporation has been no	Printed or typed name and title gent and agree to act in this capacity all statutes relative to the proper and complete h and accept the obligation of my position as registered to reflect a change in the registered office address, I stifled in writing of this change:	
Margaret C. Giacalone	4/7/2017	
Agentature of Registeled Agent () If signing on behalf of an entity:	Date	
Typed or Printed Name	- NG FÈE: \$35.00 * * .*	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314