(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	∍ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	iling Officer:			
		18		

Office Use Only



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APR 25 2017 C MCWAIR

Wall Tu

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 608468 4813078

AUTHORIZATION : Cincle of

COST LIMIT : \$/35.00

ORDER DATE: April 20, 2017

ORDER TIME : 10:01 PM

ORDER NO. : 608468-210

CUSTOMER NO: 4813078

CHANGE OF AGENT

NAME: DISNEY CONSUMER PRODUCTS, INC.

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

	provisions of sections 607.0502, 61				
	nge is submitted for a corporation				
in orde	r to change its registered office or r	registered agent, or bo	th, in the State of Floi	rida.	
1. The name of t	he corporation: Disney Consumer I	Products, Inc.			
2. The principal	office address: 500 South Buena V	ista Street, Burbank,	CA 91521;		
3. The mailing a	ddress (if-different);				
4. Date of incorp	poration/qualification: 02/10/1992-	Document	number; P37433		
	street address of the current register tment of State: (If resigned, enter re		ed office on file with	the	
	Jeffrey S. Craigmile				
	1375 East Buena Vista Drive, 4th	Floor North		- T	
•	Lake Buena Vista	FL_	32830	7 78	
6. The name and (if changed):	street address of the new registered	d agent (if changed) an	d for registered office	APR 21 PM	
	Margaret C. Giacalone			3 S	
	1375 East Buena Vista Drive, 4th	Floor North		28	
	P.O. Box NOT acceptable				
	Lake Buena Vista	FL.	32830		
The street addre	ess of its registered office and the s be identical.	treet address of the bu	usiness office of its re	gistëred agent,	
Such change wa authorized by th	is authorized by resolution duly ad the board, or the corporation has been	opted by its board of con notified in writing	directors or by an offi of the change.	icer so	
رتيكور فرنهم		Marsha L. Ree	d, Secretary		
Signatu	re of an officer or director	Print	ed or typed name and title		
I further agree of performance of agent. Or, if the hereby equifirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with is document is being filed merely to that the corporation has been notice. Glagalone	l statutes relative to th and accept the obligat o reflect a change in t	ne proper and comple tion of my position as he registered office a	registerea	
Mayo	Wit Uhracalone	4/7/2017			
O is	nature of Registered Agent		Date	. ———	
If signing on be	half of an entity:				
T	ped or Printed Name				

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

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