## 513768

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT I	MAIL	
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(Business Entity Name)		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 608468 4813078				
AUTHORIZATION CAMEBOLE MACO				
COST LIMIT : \$ 35.00				
ORDER DATE: April 20, 2017				
ORDER TIME : 9:41 PM				
ORDER NO. : 608468-075				
CUSTOMER NO: 4813078				
CHANGE OF AGENT				
NAME: PALM FINANCIAL SERVICES, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN STAMPED COPY				

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT#

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

statement of ch	ange is submitted for a corporation of	0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida rgistered agent, or both, in the State of Florida.
1. The name of	the corporation; Palm Financial Servi	ices, Inc.
2. The principa	l office address: 1390 Celebration Bo	ulevard, Suite 437, Celebration, FL 34747
3. The mailing	address (if different): 500 South Buer	na Vista Street, Burbank, CA 91521
4. Date of incor	poration/qualification: 11/20/1990	Document number: S13768
	d street address of the current register extrement of State: (If resigned, enter res	red agent and registered office on file with the signed)
	Jeffrey S, Craigmile	22
	1375 East Buena Vista Drive, 4th F	
	Lake Buena Vista	FL 32830
6. The name an (if changed):	d street address of the new registered	agent (if changed) and for registered office.
	Margaret C. Giacalone	
	1375 East Buena Vista Drive, 4th F	loor North
	·	NOT acceptable
	Lake Buena Vista	FL 32830
The street addr as changed will	ess of its registered office and the str I be identical.	eet address of the business office of its registered agent,
Such change wauthorized by t	as authorized by resolution duly ador he board, or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change.
	261 -5-	Marsha L. Reed, Assistant Secretary
I hereby accept I further agree performance of agent. Or, if th hereby gonfirm	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an its document is being filed merely to that the corporation has been notifie C. Giacalone	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
Moura	in Chara	4/7/2017 <sup>-</sup>
$\cup$	enature of Registered Agent	·Date·
<del></del>	yped or Printed Name	
`	•	FFF- \$35 AO * * *

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