Prepared by/record and return to:

Walt Disney World Resort Attn: Tommy Fulton P.O. Box 10000 Lake Buena Vista, FL 32830-1000

DOC # 20230419722

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Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00 Phil Diamond, Comptroller Orange County, FL Ret To: SIMPLIFILE LC

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			Permit No.	Tax Folio No.	
	NOTICE OF COMME			NCEMENT	
	Sta	State of Florida, County of Orange County			
	The undersigned hereby gives notice that improvements will be with Chapter 713, Florida Statutes, the following information is p			be made to certain real property, and in accordance s provided in this notice of commencement.	
	Description of property: 1780 Avenue of the stars #Ta;				
	2.				
Owner Information:					
		(a)	Name and address: Walt Disney World Resort, P	O. Box 10000, Lake Buena Vista, FL 32830	
		(b)	Interest in property: Owner		
		(c)	Name and address of fee simple titleholder (if other	er than Owner);	
	4.	(a)	Contractor (name and address): Lake Buena Vis Orlando,FI 3281	ta Fire and Sprinkler 5371 Shadywood Lane 9	
		(b)	Contractor's phone number: (407) 383-6523	M	
	5.	Sure (a) (b) (c)	ely: Name and address: Phone number; Amount of Bond;		
	6.	(a) (b)	Lender (name and address): Lender's phone number:		
	7.	 (a) Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13 (1)(a)7., Florida Statues: (name and address): Dave Ellis , Sourcing & Procurement Administration, P.O. Box 10000, Lake Buena Vista, Florida 32830-1000 (b) Phone numbers of designated persons: (407) 828-3582 			
3.		(a) (b)	In addition to himself or herself, Owner designates to receive a copy of the Lienor's Notice as provid Phone number of person or entity designated by o	ed in Section 713.13 (1)(b), Florida Statutes DavDa	
 Expiration date of notice of commencement (the expiration unless a different date is specified): 		ration date of notice of commencement (the expira			
	OF C SEC [*] IMPR POS [*] CON	NING OMMI FION 7 ROVEN TED O SULT		TIN YOUR PAYING TWICE FOR MMENCEMENT MUST BE RECORDED AND ON. IF YOU INTEND TO OBTAIN FINANCING, RE COMMENCING WORK OR RECORDING ,	
			Signature of Owner ers Authorized office//Director/Partner/Manager)	ALUNE MIS ET Building Signatory's Printed Name/Pille/Office	
	The fo	regoing	instrument was acknowledged before me this26 day of	July 2023_, by / WWW MEDUC	
		40d	Authorized Signatory	Walt Disney World Resort	
	· Marylana	(Type o	of authority, e.g., officer, truslee, utlamoy-in-fact)	(name of party on behalf of whom instrument was executed)	
		1	1 POO.	Megan Kelley	
			gnature of Notary Punit - State of Florida	(Print, Type, or Stamp Commissioned Name of Notary Public)	
		rerson	ally Known OR Produced to	MECANICITY	

Verification pursuant to Section 92.525 .Florida Statutes: Under penalties of perjury, I declare that I have real the foregoing and the facts stated in it we true to the best of my knowledge and belief.

Type of ID Produced

MEGAN KELLEY
Notary Public - State of Florida
Commission # HH 34123
My Comm. Expires Aug 19, 2024
Bonded through National Notary Assn.

Signature of Natural Person Signing Above