Permit Number: Folio/Parcel Identification Number: Prepared by and Return to:
Walt Disney World Resort Attn: Casey McGraw
P.O. Box 10000

Lake Buena Vista, FL 32830-1000

DOC # 20240182800

03/28/2024 10:04 AM Page 1 of 1

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
AMENDMENT TO

| Document | Number: | 20210577036 |
|-----------|---------|-------------|
| Book Nu | mber: | |
| Page Numb | er: | |

NOTICE OF COMMENCEMENT

State of Florida, County of Orange

| 4045557 - 4600 N World Drive, 11-24-27-0000-00-006 | et address if available) |
|--|---|
| | |
| eneral description of improvement | |
| General Construction | |
| wner information or Lessee information if the Lessee cont | racted for the improvement |
| ame Walt Disney World Resort | |
| Address P.O. Box 10000, Lake Buena Vista, FL 32830 | |
| nterest in Property Owner | |
| lame and address of fee simple titleholder (if diffrerent from | Owner listed above) |
| Name | |
| Address ontractor | ////////////////////////////////////// |
| | |
| Name Grunau Company Inc | Telephone Number 407-857-1800 |
| ddress 11300 Space Blvd, Suite 4, Orlando FL 32837 | |
| urety | |
| Name | Telephone Number |
| ddress | Amount of Bond \$ |
| ender | |
| lame | Telephone Number |
| ddress rsons within the State of Florida designed by Owner upon | whom notices or other decimals |
| orsons within the State of Florida designed by Owner upon ovided by Section 713.13(1)(b), Florida Statues. | whom notices or other documents may be served |
| Megan Kelley, Facility Asset Mangement (FAM) | Tolonbano 11: |
| ddress P.O. Box 10000, Lake Buena Vista, Florida 32830-10 | Telephone Number 407-939-4963 |
| ame Casey McGraw ddress PO Box 10000, Lake Buena Vista, FL 32830-1000 | Telephone Number 321-228-5557 |
| xpiration date of notice of commencement (the expiration date of notice of commencement to the contractor, but will be 1 year from the date | |
| NING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE E: SIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION NG TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF CO BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING MENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT. | N 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR DIMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOE |
| er penalty of perjury, I declare that I have read the foregoin; and in it are true to the best of my knowledge and belief. | g notice of commencement and that the facts |
| | |
| Kathanina Caran Ma Chann | sey McGraw / Project Rep. / FAM |
| Kathanina Cara Ma Cara | ssey McGraw / Project Rep. / FAM Signatory's Printed Name/Title/Office |
| Katherine Casey McGraw Signature of Owner or lessee, or Owner's or | Signatory's Printed Name/Title/Office |
| Katherine Casey McGraw Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager oregoing instrument was acknowledged before me this Authorized Signatory for | Signatory's Printed Name/Title/Office 2024 |
| Signature of Owner or Yessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Foregoing instrument was acknowledged before me this | Signatory's Printed Name/Title/Office 111 day of MACH, by CASEY Momenth/year |
| Katherine Casey McGraw Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager foregoing instrument was acknowledged before me this Authorized Signatory for | Signatory's Printed Name/Title/Office 2024 day of MACH, by CASEY Momenth/year Walt Disney World Resort |
| Signature of Owner or Lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager Foregoing instrument was acknowledged before me this Authorized Signatory for | Signatory's Printed Name/Title/Office 2024 day of MACH, by CASEY Momenth/year Walt Disney World Resort |
| Signature of Owner or lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager oregoing instrument was acknowledged before me this Authorized Signatory for Type of authority, e.g., officer, trustee, altomey in fact Signature of Notary Public - State of Florida | Signatory's Printed Name/Title/Office 11 |
| Signature of Owner or lessee, or Owner's or Lessee's Authorized Officer/Director/Partner/Manager foregoing instrument was acknowledged before me this Authorized Signatory Type of authority, e.g., officer, trustee, altomey in fact Signature of Notary Public - State of Florida | Signatory's Printed Name/Title/Office 11 |

Notary Public - State of Fiorida Commission # HH 206878
My Comm. Expires Feb 21, 2026
Bonded through National Notary Assn.