Permit Number: Fermit Number:
Folio/Parcel Identification Number:
Prepared by and Return to:
Walt Disney World Resort - FAM
Attn: Jose Sanchez
P.O. Box 10000 Lake Buena Vista, FL 32830-1000

DOC # 20250110488

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Rec Fee: \$10.00 Deed Doc Tax: \$0.00 Mortgage Doc Tax: \$0.00 Intangible Tax: \$0.00

AMENDMENT TO Phil Diamond, Comptroller NOTICE OF COMMENCEMENT Orange County, FL Ret To: SIMPLIFILE LC

| State of | Florida, | County | of | Orange |
|----------|----------|--------|----|--------|
|----------|----------|--------|----|--------|

| | | y gives notice that improvement will be a atues, the following information is provid | made to certain real property, and in accordance with led in this Notice of Commencement. | | | | |
|--|--|---|--|--|--|--|--|
| 1. | Description of Pro | perty (legal description of property, and | street address if available) | | | | |
| | 4047674 - 1785 E BUENA VISTA DR, 28-24-28-0000-00-020 | | | | | | |
| 2. | General descriptio | n of improvement | | | | | |
| | General Construction | | | | | | |
| 3. | 3. Owner Information or Lessee information if the Lessee contracted for the improvement | | | | | | |
| | Name Walt Dist | ney World Resort | | | | | |
| | Address P.O. Box | (10000, Lake Buena Vista, FL 32830 | | | | | |
| | Interest in Property | | | | | | |
| | Name and address | s of fee simple titleholder (if diffrerent | from Owner listed above) | | | | |
| | Name | | | | | | |
| | Address Contractor | | | | | | |
| 4. (| | IS INDUSTRY INC | Telephone Number 407-938-0685 | | | | |
| | *************************************** | tric Dr., Suite 100, Orlando, FL 32792 | Total Programme Transport | | | | |
| 5. \$ | Surety | 110 D.I., Odko 100, Okoko, F. E. 021 02 | | | | | |
| • | Name | | Telephone Number | | | | |
| | Address | | Amount of Bond \$ | | | | |
| 6. 1 | Lender | | | | | | |
| | Name | | Telephone Number | | | | |
| | Address | | | | | | |
| | Persons within the | State of Florida designed by Owner un 713.13(1)(b), Florida Statues. | pon whom notices or other documents may be served | | | | |
| | Name Megan K | elley, Facility Asset Management (FAM) | Telephone Number 407-939-4963 | | | | |
| | | 10000, Lake Buena Vista, Florida 3283 | | | | | |
| | | elf or herself, Owner designates the t 13.13(1)(b), Florida Statues. | following to receive a copy of the Lienor's Notice as | | | | |
| | Name Jose Sar | ichez | Telephone Number | | | | |
| | Address P.O. Box | 10000, Lake Buena Vista, Florida 3283 | 80-1000 | | | | |
| 9. Expiration date of notice of commencement (the expiration date may not be before the completion of construction and final payment to the contractor, but will be 1 year from the date of recording unless a different date is specified) 3/31/2025 | | | | | | | |
| CON PAYI SITE | SIDERED IMPROPER P ING TWICE FOR IMPRO BEFORE THE FIRST IN | AYMENTS UNDER CHAPTER 713, PART I, SEC VEMENTS TO YOUR PROPERTY. A NOTICE O | HE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE TION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR F COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB ICING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE INT. | | | | |
| | Under penalty of perjury, I declare that I have read the foregoing notice of commencement and that the facts stated in it are true to the best of my knowledge and belief. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Jose Manuel Sanchez Pl | Digitally signed by | | | | | |
| | JOSE MANUEL SANCHEZ PE | Sanchez Palau | Jose Sanchez / Project Rep. / FAM | | | | |
| | Signature of Owne Lessee's Authorized Of | r or Lessee, or Owner's or f cer/Director/Partner/Manager | Signatory's Printed Name/Title/Office | | | | |
| Γhe | foregoing instrumer | it was acknowledged before me this | 25 day of Feb 2025, by Jose Sanchez | | | | |
| 35 | Au | thorized Signatory for | month/year Walt Disney World Resort | | | | |
| | Type of authority. | e.g., officer, trustee, attorney in fact | Name of party on behalf of whom instrumentwas executed | | | | |
| (| Lindsey | 1 Finday | Lindsay funday | | | | |
| | Signature of Notai | y Public - State of Florida | Print, typo, or stamp hame of Notary Public | | | | |
| Pe | rsonally known | OR Produced ID | LINDSAY PUNDAY | | | | |
| Туј | pe of ID Produced | | Notary Public - State of Florida Commission # HH 501112 My Comm. Expires Mar 7, 2028 Bonded through National Notary Assn. | | | | |
| | | | Sonded through national notary Assit. | | | | |