Filing Fee: \$20.00

ID Number:	46912	
------------	-------	--

Type or Print Name of Authorized Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

STATEMENT OF CHANGE OF REGISTERED AGENT BY THE CORPORATION

Pursuant to the provisions of Sections 7-1.2-502 or 7-1.2-1409 of the General Laws of Rhode Island, 1956, as amended

reg	gistered office in the state of Rhode Isla	e following statement for the purpose of changing its registered and:	agent an	id (lis		
1.	The name of the corporation is DIS	PLAYS BY GARO, INC.	<i>(2)</i>	₹ M		
2.	The address of the registered office Secretary of State is: 888 RESERVOIR AVENUE, CRANS	as PRESENTLY shown in the corporate records on file with the STON, RI 02910	Rhode Is	sland		
3.	The address of the NEW registered office is: 1536 WESTMINSTER STREET, PROVIDENCE, RI 02909					
4.	The name of the registered agent as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is: ALBERT J. MAINELLI					
5.	The name of the NEW registered age	ont is:				
	6. The appointment of a new register upon the filling of this statement, or	ed agent and the new registered office, as the case may be, shall bed on	ome effe	ctive		
		(a date not prior to, nor more than 30 days after, filing this statement)				
Dat	.e:_ 2 -24-14	Under penalty of perjury, I declare and affirm examined this Statement of Change of Registered Corporation, including any accompanying attachmal statements contained herein are true and correct	d Agent bl	y the		
		Signature of Authorized Officer of the Core	oration			

FILED

FEB 27 2014

Form No. 640 Revised: 12/05