State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Statement of Change of Agent
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: $20.00

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident agent in the State of Rhode Island:

1. Entity ID Number	2. Exact Name of the Limited Liability Company
1022149	OE Entertainment LLC

3. The address of the resident office as **PRESENTLY** shown in the records on file with the RI Department of State:

Street Address _One Ship Street_

City/Town _Providence_	State **RHODE ISLAND**	Zip _02903_

4. The name of the resident agent as **PRESENTLY** shown in the records on file with the RI Department of State:

Stephen M. Litwin Esq.

5. The address of the **NEW** resident office is:

Street Address (NOT a P.O. Box) _103 Leo Ave_

City/Town _Providence_	State **RHODE ISLAND**	Zip _02904_

6. The name of the **NEW** resident agent is:

Peter P. Pascale

7. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX

[X] Date received (Upon filing)

[ ] Later effective date (Date must be no more than 30 days from the day of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.

Name of Authorized Person of the Limited Liability Company	Date _5/12/17_
Signature of Authorized Person of the Limited Liability Company	

FILED

MAY 1 2 2017

BY _____

FORM 642 - Revised: 07/2016