Florida Department of State
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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)222-9428

REC-3 PM 3: 19
"SION OF CORPORATION"

## REGISTERED AGENT CHANGE

HASBRO LATIN AMERICA HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607,0502, 617,0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of  Delaware in order to change its registered affice or registered agent or both in the State
Delaware in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Hasbro Latin America Holdings, Inc.
2. The principal office address: 1027 Newport Avenue
Pawtucket RI 02862
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/1/98 Document number: F980000001863
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Comporation Service Company
1201 Hays Street
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
o/o C T Corporation System
(P.O. Box or personal mailbox NOT socoptable)
1200 South Pine Island Road, Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so sufficiently the board, or the corporation has been notified in writing of the change by the board or the corporation has been notified in writing of the change by an officer so sufficient or the change of the change of the change by the board of the change of the c
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
By: CT Completation System  [2/3   M  (Signature of Registered Agent)
If signing on behalf of an entity:
(Typest or Printed Name) (Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

Make Checks payable to Plonida Department of State and Mail to: Division of Corporations, P.O. BOX 6327, Tallanassee, FL 32314