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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 For any issues please contact Cheyanne Davis Date: ____ 07/11/2024 (850) 202-1882 Name: ____ Cheyanne Davis Reference #: _____ **2406422** Entity Name: TRIAN FUND MANAGEMENT, L.P. Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion

Authorized Amount: ____

Merger

] Dissolution/Withdrawal

Fictitious Name

Other____

Signature: ______ Oruyund Ra___

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

rioriae		LELINID	
	and of the finited having company.		MANAGEMENT, L.P.
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	March 2, 2020		B2000000052
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
J. (u)	Registered Agent and Registered Office shown on the record	ds of the Florida I	Dept, of State:
	1201 HAYS STREET		202 ; ; ;
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	2024 JUL 11
	TALLAHASSEE	, FL_32301	ومديمه
(h)	COGENCY GLOBAL INC.		HI: 02
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office addi	ress: 171 N
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	EI 32301	
the cha agent v was/wa	imited liability company is not organized under th	e laws of the S ss of the regist ed liability cor ers of the limit	tered office and the business office of the registere mpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	atthew Peltz	Matth	new Peltz
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00