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R.A. Charge

C. Coulliette OCT 0 6 2005



ACCOUNT NO.	: 072100000032			
REFERENCE	: 633791 5011607			
AUTHORIZATION	. latricia lypite			
COST LIMIT	: \$ 35.00			
ORDER DATE : October 4, 2005				
ORDER TIME : 11:30 AM				
ORDER NO. : 633791-100				
CUSTOMER NO: 5011607				
CHANGE OF AGENT				
NAME: RTM ALABAMA, I	INC.			
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY XX PLAIN STAMPED COPY	PROOF OF FILING:			
CONTACT PERSON: Sara Lea				

EXAMINER'S INITIALS:

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

statement of change is	ions of sections 607.0502, 617.0502, submitted for a corporation organiz	zed under the laws of the State of \mathbb{A}^{1}	Labama	
	aange its registered office or register	ed agent, or both, in the State of Flo	orida.	
1. The name of the co	poration: RTM ALABAMA, INC.			
	address:			
5995 Barfield	Road, Atlanta, GA 30328			
3. The mailing address	s (if different):		<u> </u>	
4. Date of incorporation	on/qualification: 03/28/2001	Document number: F0100000	1668	
5. The name and stree Florida Department	t address of the current registered ago of State:	ent and registered office on file with	the	
СТ	Corporation System	·	S e	
1200	1200 South Pine Island Road			
Plar	tation, FL 33324		FILE	
(if changed):	address of the new registered agent	(if changed) and /or registered offic		
1201	Hays Street			
 	(P.O. Box NOT acceptable)			
Tall	ahassee, FL 32301			
The street address of as changed will be id	its registered office and the street a entical.	ddress of the business office of its	registered agent,	
Such change was autiauthorized by the box	norized by resolution duly adopted rd, or the corporation has been noti			
Maure		Maureen Cullen, Attorney		
/	officer or director)	(Printed or typed name and titl		
corporation has been	opointment as registered agent and iply with the provisions of all statu if amiliar with and accept the obliged merely to reflect a change in the notified in writing of this change. ervice Company	tes relative to the proper and comp gation of my position as registered registered office address, I hereby	plete performance agent. Or, if this confirm that the	
-		September 30, 2005		
(Signature	of Registered Agent)	(Date)		
If signing on behalf o	f an entity:			
Sylvia Queppet,	Asst. VP	Law Committee Commit		
/T 1	Delated Manual			

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