F94000003401



ACCOUNT NO. : 072100000032

REFERENCE :

812098

5011607

AUTHORIZATION

COST LIMIT

ORDER DATE: January 22, 2002

ORDER TIME: 10:17 AM

ORDER NO. : 812098-090

CUSTOMER NO: 5011607

CUSTOMER: Ms. Colleen A. Devries

Triarc Companies, Inc.

280 Park Avenue 41st Floor West

New York, NY 10017

CHANGE OF AGENT

NAME: ARBY'S, INC.

700004798307--0

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

G. Coulliste JAN 2 5 2002

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

Pursuant to the provisions of sections 607.0502, 617.0502, the undersigned corporation organized under the laws of the S	
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation : ARBY'S, INC.	
2. The mailing address of the corporation: 1000 Corporate	Drive, Fort Lauderdale, FL 33334
3. Date of incorporation/qualification: _06/28/1994	Document number: F94000003401
4. The name and address of the current registered agent and of	Tice:
Corporate Creations Network Inc.	ASSE
941 Fourth Street, #200	Y OF S
Miami Beach, FL 33139	, , ,
5. The name and address of the new registered agent (if chang (P. O. Box Not Accepta	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street addreagent, as changed, will be identical.	ess of the business office of its registered
Such change was authorized by resolution duly adopted by it authorized by the board.	s board of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	1/2/02
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Colleen DeVries, Asst. Secretary (Printed or typed name and title)	
Having been named as registered agent and to accept service corporation, I hereby accept the appointment as registered a I further agree to comply with the provisions of all statutes references of my duties, and I am familiar with and accept registered agent.	e of process for the above stated agent and agree to act in this capacity. elative to the proper and complete the obligation of my position as
Carol Kpolin	1/23/02 (Date)
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
Carol K. Dolor (Typed or Printed Name)	Asst. Vice President (Capacity)
* * * FILING FEE: \$35.0	0 * * *

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314