



# M000000002325

ACCOUNT NO. : 072100000032

REFERENCE : 812098 5011607

AUTHORIZATION :

*Patricia Pizut*

COST LIMIT : \$ 25.00

ORDER DATE : January 22, 2002

ORDER TIME : 9:54 AM

ORDER NO. : 812098-055

300004798309--4

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 FINANCE, LLC

DIVISION OF CORPORATION

02 JAN 25 AM 11:26

RECEIVED

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 25 PM 12:48

APPROVED  
AND  
FILED

*JP*  
*1-25-02*

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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.*

1. The name of the limited liability company is: ARBY'S FINANCE, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

1000 Corporate Dr., Fort Lauderdale, FL 33334-3651

11/13/2000

M00000002325

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Colleen A. DeVries  
(Signature of a member or authorized representative of a member)

Colleen A. DeVries, Authorized Person  
(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 608, 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.*

Carol K. Dolor  
(Signature of Registered Agent) Carol K. Dolor, Asst. Vice President

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

APPROVE  
AND  
FILED  
02 JAN 25 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA