



M000000002356

ACCOUNT NO. : 072100000032

REFERENCE : 812098 5011607

AUTHORIZATION : *Patricia Pizut*

COST LIMIT : \$ 25.00

ORDER DATE : January 22, 2002

ORDER TIME : 9:48 AM

ORDER NO. : 812098-040

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 BRANDS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

000004798310--1

DIVISION OF CORPORATION

RECEIVED

02 JAN 25 AM 11:26

APPROVED
AND
FILED

02 JAN 25 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB
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 BRANDS, LLC

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

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

11/16/2000

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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. De Vries
(Signature of a member or authorized representative of a member)

Colleen A. De Vries, Authorized Person
(Printed or typed name of signer)

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

APPROVED
AND
FILED
02 JAN 25 PM 12:47
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TALLAHASSEE, FLORIDA