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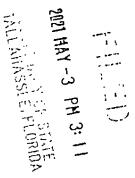
(Requestor's Name)									
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PICK-UP WAIT MAIL									
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Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



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The



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 28, 2021

Order#: 778813-012

Re: BASKIN-ROBBINS FRANCHISING LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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.

١.	Na	me of the limited liability company: BASKIN-ROE	BINS F	٩A٢	CHISING	S LLC				
2. (a)	130 Royall Street		(b) 130 Royall Street						
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
					Legal Dept, 3 East A					
		Canton, MA 02021			Canton, N	MA 02021				
		05/18/2006		٨	106000002785					
3.		Date of filing/registration in Florida	4.	_		Document nur	nber			
5. 1	(a)	C T Corporation System								
J. ((••)	Registered Agent and Registered Office shown on the records of	of the Flori	ida l	Pept. of Stat	_ e:				
		1200 South Pine Island Road								
		Registered Office Address (MUST BE FLORIDA STREET	TADDRE	<u>SS)</u>		_	ATA ATA	2021 H	⊷ -	
		Plantation . F	L333	24		-	2021 HAY -3			
(b) ,							PH 3: I	; ; ; ; ,	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				_	07.1 07.1	ယ္	٠٧	
		Corporation Service Company					DA E	=		
		NEW Registered Office Address:				_				
		1201 Hays Street				_				
		Tallahassee	L_32301			_				
chan agen was/	ge t w	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members also of organization or the operating agreement of the	e registe iability o of the li	red om mit	office and pany, it is additional to the contraction of the contractio	d the business of thereby confirm y company or a	office of the	ne regi: he chai	stered age(s)	
/s/ Jill Cilmi Jill Cilmi, Authorized Person										
Signature of a member or authorized representative of a member						Printed or typed name of signee				
prov the o to m	isio bli ere.	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	e perforn ed for in hereby o	ran Ch :on,	ve of my a apter 605, firm that t	icitv. I further i luties, and I am , F.S. Or, if thi he limited liabi Company	agree to c familiar s documen lity compo	romply with a nt is be any ha	with the ad accept ing filed s been	
Sian		e of Registered Agent	λmi M.	Ca	sper, Ass	t. Vice Preside	ent			