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(Requestor's Name)			
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(Ĉity/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
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(DC	ocument Number)		
Certified Copies	_ Certificates	of Status	
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Special Instructions to Filing Officer:			

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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#: 778813-251

Re: DUNKIN' DONUTS 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.

1. Na	ame of the limited liability company:DUNKIN' DON	NUTS FRANCHIS	SING LLC	
2. (a)	130 Royall Street	(b) 130 Royall Street		
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Lega	ıl Dept, 3 East A	
	Canton, MA 02021	Cant	on, MA 02021	
	05/18/2006	M0600	00002791	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T Corporation System			
V (U)	Registered Agent and Registered Office shown on the records of	t the Florida Dept. o	of State:	
	1200 South Pine Island Road		20 27	
	Registered Agent and Registered Office shown on the records of the Fforda Dept. of State: 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
			δς. ω <u> </u>	
	Plantation	., 33324		
	, r	L	PH 3: 1	
(b)			高語 二	
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee , F	32301 L		
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered offic iability company of the limited lia	e and the business office of the registered . it is hereby confirmed that the change(s) ability company or as otherwise provided in	
/s/ Jil	l Cilmi	Jill Cilmi, A	authorized Person	
	ture of a member or authorized representative of a member		Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this engage.	ree to act in this e performance of ed for in Chapter hereby confirm t Corporation Scr	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been vice Company	
(Asst. Vice President	