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| (Req | uestor's Name) | | | | | | | | |
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| (Add | ress) | | | | | | | | |
| (Adda | 1033) | | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | | | |
| | | | | | | | | | |
| (Business Entity Name) | | | | | | | | | |
| | | | | | | | | | |
| (Document Number) | | | | | | | | | |
| Certified Copies | Certificates | s of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | |
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Office Use Only



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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#: 778813-059

Re: BASKIN-ROBBINS USA 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 | me of the limited liability company: BASKIN-ROB | BINS US | A LLC | | | | <u> </u> |
|----------------------------|-------------------------------|---|--|---|---|---|---------------------|--|
| 2 | (e) | 130 Royall Street | (| (b) 130 Royall Street | | | | |
| (a) | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (| 1 | (Note: MAY BE | ess of limited liability company: 4Y BE POST OFFICE BOX) | | |
| | | | | Legal Dep | ot, 3 East A —————— | | | |
| | | Canton, MA 02021 | | Canton, M | //A 02021 | | | |
| | | 04/25/2007 | | M0700000 | 2386 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document num | | | |
| 5. | (a) | C T Corporation System | | | | ₹: | 202 | |
| Э. | (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State | | | - e: | TĂLLÄHAŜŜ | 2021 MAY -3 | |
| | | 1200 South Pine Island Road | | | - | > | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | finalis program | -0 | |
| | | Plantation . I | l3332 | 24 | _ | FLORIDA | PM 3: 11 | V / |
| | (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company | | | - | | | |
| | | NEW Registered Office Address: | | | _ | | | |
| | | 1201 Hays Street | | | _ | | | |
| | | Tallahassee, F | 32301 | | _ | | | |
| cha age wa the | inge ent v s/we arti | imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the locionic | e register iability c of the line e limited | ed office and ompany, it is nited liability liability con | d the business o s hereby confirm y company or as | ffice of the | ie regis ie chan | tered ge(s) |
| | | Cilmi ture of a member or authorized representative of a member | | ———— | Printed or typed r | iame of sign | 1etr | |
| I la pro the to i | ere. visi ohl ner | by accept the appointment as registered agent and agons of all statules relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address. | e perforn ed for in ' hèreby o | et in this cape tance of my of Chapter 605 confirm that ion Scrvice | acity. I further of duties, and I am i. F.S. Or, if thi, the limited liabi | agree to c | omply | with the ed accept ing filed s been |
| Sie | natu | re of Registered Agent | Ami M. | Casper, Ass | st. Vice Preside | ent | | |