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Division of Corporations

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From:

Account Name : UNITED AGENT GROUP INC.

Account Number : 120160000086 Phone : (561)508-5033 Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE WENDY'S OLD FASHIONED HAMBURGERS OF NEW YORK, LLC

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

1. The name of the limited liability company is: Wend	y's Old Fashioned Hamburgers of New York, LLC	
2. (a) Principal office address of the limited liability company:	ONE DAVE THOMAS BLVD.	
(Note: MUST BE STREET ADDRESS)	DUBLIN OH 43017	
(b) Mailing address of limited liability company:	ONE DAVE THOMAS BLVD.	
(Note: MAY BE POST OFFICE BOX)	DUBLIN OH 43017	
1/13/2014	M14000000318	
3. Date of filing/registration in Florida	4. Document number	
5.(a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of Sta	ite:
	C T CORPORATION SYSTEM	
Registered Agent: Registered Office Address:	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION FL 33324	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	United Agent Group Inc.	
	001 110 115-hum. 1	-3
NEW Registered Office Address:	801 US Highway 1	
(MUST BE FLORIDA STREET ADDRESS)	North Palm Beach FL 33408	
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.		
(Signature of strember or authorized representative of a member)		-
Joseph Panholzer, Attorney-in-Fact (Printed or Typed name of signee)		
I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 60 in the registered office address, I hereby confirm that the limit Joseph Par	e of my duties, wat i am juntation in the decep-	ly reflect a change
(Signature of Registered Agent) Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314	
INHS18(10/99)		