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	To: Division of Corporations Fax Number : (850)617-6380			
	From:			
	Account Name : CORPORATE CREA Account Number : 110432003053	TIONS INTERN	ATIONAL INC.	
: 36	Phone : (561)694-8107 Fax Number : (561)214-8442		5.C	20
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і. 2023 FEB			ູ່ 	e O
	REGISTERED AGENT CH	τ ω		
	PBC WENDYS BLOCKIN	J INC.	1	
	Certificate of Status	0		
	Certified Copy	0		

Estimated Charge	\$35.00		
Estimated enarge			

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this in order to change its registered office or registered agent, or both, in the State of Florida.

PBC WENDYS BLOCKING INC. 1. The name of the corporation:

525 SOUTH FLAGLER DRIVE, SUITE 201, 2. The principal office address:

WEST PALM BEACH, FL 33401

3. The mailing address (if different): _

_____Document number: ______P22000016527 4. Date of incorporation/qualification: _01/27/2022

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

PALM BEACH CAPITAL MANAGEMENT IV, LLC

525 SOUTH FLAGLER DRIVE, SUITE 201

WEST PALM BEACH, FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

	Corporate Creations Network Inc.			1023	
	801 US Highway 1			FEB	
P.O. Box NOT acceptable		<u></u> :	1		
	North Palm Beach, FL 33408		ASS SSA	7 A	្រា
as changed will	ess of its registered office and the street be identical. is authorized by resolution duly adopted to board, or the corporation has been no				O
/s/ Caitlin Lazarus		Caitlin Lazarus, Attorney-in-	Fact		
Signatu	re of an officer or director	Printed or typed name and little			
I hereby accept I further agree I of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change.	d agree to act in this capacity. utes relative to the proper and comp igation of my position as registered is registered office address. Thereby	olete perfa agent. O confirm	ormance r, if this that the	<u>}</u>

2/6/2023

Date

/s/ Caitlin Lazarus

Signature of Registered Agent

If signing on behalf of an entity:

Caitlin Lazarus, Special Secretary

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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