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(((H25000339814 3)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.

Account Number : 073222003555 Phone : (561)686-3307 Fax Number : (561)290-1590

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

Email Address: chris@budschicken.com

REGISTERED AGENT CHANGE BUD'S TAKE OUT FOODS OF BOYNTON BEACH, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State of or registered agent, or both, in the State of .	Florida	
1. The name of t	he corporation: Bud's Take Out	Foods of Boynton Beach, Inc.		
2. The principal	office address: 4790 Lake Worth	1 Road, Greenacres, FL 33463		
3. The mailing a	ddress (if different): 518 Industr	rial Ave., #12, Boynton Beach, FL 33426		
		Document number: 498172		
	street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file wer resigned)	rith the	
	Chris Brinkman			
	518 Industrial Ave., #12			
	Boynton Beach, FL 33426			
6. The name and (if changed):	street address of the new registe Nason Yeager Gerson Harris & F	ered agent (if changed) and /or registered of		
		unico, r.a.		
	3001 PGA Blvd., Suite 305	P.O. Box NOT acceptable	23	
	Palm Beach Gardens, FL 33410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
The street addre	ss of its registered office and the identical.	ne street address of the business office of i	కూ registered agent, చ	
Such change wa	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an been notified in writing of the change.	officer so	
Unis Brinkman		Chris Brinkman, Secretary	Chris Brinkman, Secretary	
-	e of an officer or director	Printed or typed name and t		
l hereby accept I further agree t of my duties, an Tocument is beit corporation has	the appointment as registered to o comply with the provisions of I I am familiar with and accep- ng filed merely to reflect a char been notified in writing of this	agent and agree to act in this capacity fall statutes relative to the proper and con t the obligation of my position as registere age in the registered office address, I here change.	nplete performanced agent. Or, if this by coufirm that the	
Brad T. Jai		September 22, 2025 2:55:04 PM	M EDT	
5-335666472290448 Sigr	ature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
Brad T. Jankowsl	ci, Esq.			
Ту	ped or Printed Name			
	* * * FU.	ING 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)