1. Corporation Name



DOCUMENT # P93000007346

BIG EASY CAJUN - BRANDON, INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90025 038 ***150.00

Principal Place	of Business	Mailing Address			1 19911991 (19 1911) 48111 48111 48111 48111 48111	11 3811) 18343 11111 1	71616 5111 1551
2615 W BARNDON BLVD		7411 FULLERTON STREET					
SUITE 501		SUITE 204		DO NOT WRITE IN TH	IC CDACE		
BRANDON FL 33511		JACKSONVILLE FL 32256		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
US		US			01/29/1993		
	- (D)	2- Mailing Address			4. FEI Number	An	plied For
	ace of Business	2a. Mailing Address			59-3161547		t Applicable
Suite, Apt.	# oto	Suite, Apt. #, etc.				\$8.75 A	
⊢ , , ,	#, etc.	27			5. Certifcate of Status Desired	Fee Re	
City & State		City & State		6, Election Campaign Financing	\$5.00	May Be	
23	<i>ۻڿڿڿڿڿڿڿڿڿڿڿڿ</i>	28			Trust Fund Contribution	Added t	
Zip	Country	Zip	Country	,	8. This corporation owes the current year I	ntangible	
24	25	29 30	ol		Personal Property Tax.		□No
	9. Name and Address of Current		<u>, </u>		10. Name and Address of New Registere	d Agent	
			81	Name			
DRAUGHON, RICHARD S			82	Street A	ddress (P.O. Box Number is Not Acceptable)		
l	w forsyth st		-	Oli Coli 7			
SUITE 1730			83				
JACKSONVILLE FL 32202			84	City		. 85 Zip C	Code
				1	F	L	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	agistered Age	nt signature rec	uired when reinstating) DATE		
12.			13.		ADDITIONS/CHANGES TO OFFICERS		ORS IN 12 Addition
TITLE	DP	☐ DELETE	1.1 TITLE			Change	XAUUIUUI
NAME	YEN, KUNG-PO		1.2 NAME				
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1.3 STREE	TADDRESS	200=1		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-5	T-ZIP	32256	Change	Addition
TITLE	ST	☐ DELETE	2.1 TITLE			☐ Change	TAR variation
NAME	· · · · · · · · · · · · · · · · · ·						}
STREET ADDRESS	10300 SOUTHSIDE BLVD., SUIT	E 305	2.3 STREE	TADORESS	hnar		
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-	ST-ZIP	3225		Addition
TITLE		DELETE -	3.1 TITLE		· ·	Change	L → Addiadii
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADORESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		☐ Change	Addition
) TILLE		DELETE 4.11				□ Change	L] Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP	<u></u>	[] Change	Addition
TITLE		☐ DELETE	5.1 TITLE			[_] Change	- Addition
NAME :			5.2 NAME	1			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP		Change	Addition
TITLE		☐ DELETE	6.1 IIILE 6.2 NAME	ļ		☐ Change	
NIAR OF	P.		■ O.∠ IVAME				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS