

PG9000079051

Lois M. Kasischke
(Requestor's Name)

Hail Shroyer Pfaffenberger P.A.
(Address)

6600 US Hwy One 3rd Floor
(Address)

N. Palm Beach Fl 33408
(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

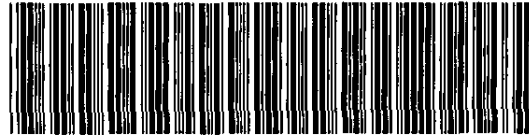
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

JUN 07 2012

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 statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Shacks BBQ, Inc.
2. The principal office address: 6120 Lake Worth Road, Greenacres, FL 33463
3. The mailing address (if different): 2731 Vista Parkway, D-10, West Palm Beach, FL 33411
4. Date of incorporation/qualification: 9/3/1999 Document number: P99000079051
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)

Resigned.

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

Drennen L. Whitmire, Jr., Esquire

660 U.S. Highway One, Third Floor

P.O. Box NOT acceptable

North Palm Beach, FL 33408

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of officer or director

Jerry W. Williams, Director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

6/5/12
Date

If signing on behalf of an entity:

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 (03/12)

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