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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/28/2020					
Name:						
	#:1175083					
Entity Nam	ne:SHIPYAI	RD STAFFING, LLC				
	cles of Incorporation/Authorizati					
☐ Am	endment					
☑ Cha	ange of Agent					
☐ Rei	nstatement					
☐ Cor	nversion					
☐ Mer	rger					
☐ Dissolution/Withdrawal						
☐ Fict	itious Name					
☐ Oth	er					
Authorized Signature:						

F: 800.944.6607

+44 (0)20.3961.3080

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	lame of the limited liability company: SHIPYARD	STAFF	ING, LLO	C				
7 (0)		(b	,					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1)	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	No Change		No Cha	ange				
	May 22, 2015			M15000004065				
3.	Date of filing/registration in Florida	4.		Document no	umber _ن ي	20	_	
5. (a	, Incorp Services, Inc.				코유	2020 JAN	autry wrg	
J. (a	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:		Ä	1) *******	
	17888 67TH COURT NORTH,				喜角	28	[
	Registered Office Address	_	DEORETARY OF ST	4H 9: 14	U			
	LOXAHATCHEE FI	33470) 	-	TATE FIL	<u>=</u>		
(b	COGENCY GLOBAL INC.							
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	dress:					
	115 North Calhoun St., Suite 4							
	NEW Registered Office Address:							
	Tallahassee	32301		_				
the chagent was/v the ar	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the f the regis iability ec of the lim : limited l	stered offi ompany, it sited liabil siability co	ce and the busins is hereby confitty company or ompany.	iness offic firmed tha	e of the t the ch	e registered ange(s)	
	/S/ Brandon Pittard			Brandon Pittard Printed or typed name of signee				
-	nature of a member or authorized representative of a member		i la elete e e			_	lo ontele elem	
provi the or to me	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act performed for in C hereby co	in this ca ance of m Chapter 60 onfirm tha	pacity. I juring duties, and I of the limited lice in the limited lice.	er agree u am familia this docum ahility con	o comports is in a control of the co	y wan ine and accept heing filed as been	
/S/	Tim Mayville							

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00