

M1500000 4065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

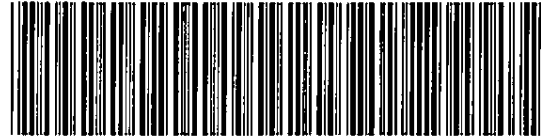
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
SEP - 9 2025

Office Use Only



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2025 SEP - 3 AM 10:26

FILED

SECTION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

2025 SEP - 8 AM 9:50

FILED

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
**mmoreau@incserv.com**  
850.656.7956

**REQUEST DATE** 09/08/2025

**PRIORITY** Routine

**OUR REF.# (Order ID#** CATHRYNE

**ORDER ENTITY**

**SHIPYARD STAFFING, LLC**

**PLEASE PERFORM THE FOLLOWING SERVICES:**

SHIPYARD STAFFING, LLC

File the attached change of agent filing.

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHIPYARD STAFFING, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elie Azar

\_\_\_\_\_  
Name of Person

SHIPYARD STAFFING, LLC

\_\_\_\_\_  
Firm/Company

1200 Ashwood Pkwy Suite 590

\_\_\_\_\_  
Address

Atlanta, GA 30338-4767

\_\_\_\_\_  
City/State and Zip Code

notices@discern.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: SHIPYARD STAFFING, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>1200 Ashwood Pkwy Suite 590</u> <u>Atlanta, GA 30338-4767</u> <u>05/22/2015</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>1200 Ashwood Pkwy Suite 590</u> <u>Atlanta, GA 30338-4767</u> <u>M15000004065</u>
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3. Date of filing/registration in Florida      4. Document number

5. (a) CORPORATION SERVICE COMPANY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

(b) Discern Registered Agent Inc.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1540 Glenway Drive  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u>/s/ Elie Azar</u> Signature of a member or authorized representative of a member	<u>Elie Azar</u> Printed or typed name of signee
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*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/s/ Simon Moschou  
Signature of Registered Agent

2025 SEP -8 11:10:26