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TALLAHASSEE, FLORIDA

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A. RIVERS

MAY 15 2023

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** E. SHARK PLUMBING 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:

ERICK R. ALDAMA DIAZ

Name of Person

Firm/Company

5811 BLOSSOM AVE

Address

TAMPA, FLORIDA 33614

City/State and Zip Code

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

For further information concerning this matter, please call:

KATIA MEDINA ALONSO

815 985-9424  
at ( )

Name of Person

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: E. SHARK PLUMBING LLC

2. (a) Principal office address of limited liability company:  
 (Note: MUST BE STREET ADDRESS)  
5811 BLOSSOM AVE  
TAMPA, FLORIDA 3614

(b) Mailing address of limited liability company:  
 (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida 4. Document number

5. (a) 02/01/2023  
 Registered Agent and Registered Office shown on the records of the Florida Department of State

ERICK R. ALDAMA DIAZ  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5811 BLOSSOM AVE  
TAMPA, FL 33614

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

KATIA MEDINA ALONSO  
NEW Registered Office Address:  
16009 GRASS LAKE DR.  
TAMPA, FL 33618

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 TALLAHASSEE, FLORIDA  
 FILED

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.

Signature of a member or authorized representative of a member \_\_\_\_\_ Printed or typed name of signee \_\_\_\_\_

*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.*

[Signature] 02-27-2023  
 Signature of Registered Agent