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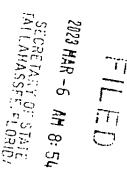
(Requestor's Name)
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A. RIVERS MAY 1 5 2023

COVER LETTER

INHS18 (2/14)

TO:	_	stration Section tion of Corporations				
SUBJI	ECT:	E. SHARK PLUMBING LLC				
		Name of Limited Liability Company				
Dear S	ir or M	fadam:				
The en	closed	Registered Agent/Registered	Office Change and fo	ee(s) are submitted for filing.		
Please	return	all correspondence concerning	g this matter to the fo	Lowing:		
ERIC	KR.	ALDAMA DIAZ				
		Name of Person		_		
		Firm/Company		_		
5811 E	BLOSS	OM AVE				
		Address		_		
TAMP	A. FLO	DRIDA 33614				
		City/State and Zip Cod	·			
E	E-mail :	address: (to be used for future	annual report notific	ation)		
For fur	ther in	formation concerning this mat	ter, please call:			
KATL	A MED	DINA ALONSO	815 at (985-9424		
		Name of Person		Area Code & Daytime Telephone Number		
	Regi Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee FL 525c3		
	Encl	osed is a check for the follow	ing amount:			
	□ S2	5 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 Statistic Personal medical liability company submits the following statement in order to change its registered office or registered. For it, it is not a both, in the State of Florida.

2. (a)		(b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Principal office address of limited liability company:	
	5811 BLOSSOM AVE		(<u>Note: MAY BE POST OFFICE BOX</u>)
	TAMPA, FLORIDA 3614		
	TAMIA, FLORIDA 3014		
3.	Date of filing/registration in Florida	.,	Document number
5. (a)	02/01/2023		
J. (2)	Registered Agent and Registered Office shown on the record ERICK R. ALDAMA DIAZ	is or the Faceda Dep.	Cod State
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
	ТАМРА	. FL ³³⁶¹⁴	2023 MAR -6 SECRETARY TAIL AHASSI
(b)			-6 -6
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address	inc = 111
	KATIA MEDINA ALONSO	F 57/17 F 103/17	
	NEW Registered Office Address:	<u> </u>	
	16009 GRASS LAKE DR.		
	ТАМРА	, FL ³³⁵¹⁸	
hange gent w /as/we	mited liability company is not organized under the or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the memberles of organization or the operating agreement of	the registered off d liability compar its of the limited l	ace and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Signun	ore of a member or authorized representative of a member	Printed or typed name of signee	
hereb rovisio ne obli	ly accept the appointment as registered agent and a lons of all statutes relative to the proper and complet gations of my position as registered agent as provi by reflect a change in the registered office address	agree to act in the ete performance d ided for in Chapa I hando anotten	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605. F.S. Or. if this document is being file.

. I di Salamada

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