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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 5548 Larosse, LLC Name of Limited L.	iability 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:
Sergio D. Salcido Name of Person	
Name of Person	
SS48 Lavosse	
Firm/Company	
1984 Michael Tiago Circle	
Maitland, FL, 32751 City/State and Zip Code	
E-mail address: (to be used for future abrual report notif	ication)
For further information concerning this matter, please call:	
Sergio Salcido at 407 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

INHS18 (2/14)

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: SS48 La	crosse, LLC
2. (a) 1984 Michael Tiago Circle (b) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
MaiHand, FL, 32751	MaiHand, FL, 32751
<u>L</u>	17000130006
5. Date of filing/registration in Florida 4.	Document number
5. (a) United States Corporation Agent. Registered Agent and Registered Office shown on the records of the Florida D.	S. Fnc. ept. of State:
5575 S. Semoran Blud	<u></u>
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Orlando FL 3797	28
(b) Sergio D. Salvido	\(\bar{\bar{\bar{\bar{\bar{\bar{\bar{
Enter name of NEW Registered Agent and/or NEW Registered Office address	UG 24 PH
1984 Michael Trago Circle	
NEW Registered Office Address:	FILED 2020 AUG 24 PH 12: 06 SIGN LANAY OF STATE SIGN LANAY SEE, FL
Maitland FL 327:	<u> </u>
If the limited liability company is not organized under the laws of the St change or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of a Florida limited liability com was/were authorized by an affirmative vote of the members of the limited.	pany, it is hereby confirmed that the change(s)
the articles of organization or the operating agreement of the limited lial	bility company.
Signature dea member or authorized representative of a member	Sergio D. Salvido Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in provisions of all statutes relative to the proper and complete performanthe obligations of my position as registered agent as provided for in Chato merely reflect a change in the registered office address, I hereby conjunctified in writing of this change.	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signature of Registeral Agent	

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