2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2009
Secretary of State

DOCUMENT# L02000031816

Entity Name: EOLA TECHNOLOGY PARTNERS, LLC

Current Principal Place of Business:

486 EAGLE CIR.
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

486 EAGLE CIR.
CASSELBERRY, FL 32707

New Mailing Address:

P.O. BOX 195193
WINTER SPRINGS, FL 32719

FEI Number: 11-3665107 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRASER, KATHERINE
486 EAGLE CIR.
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

FRASER, KATHERINE VP
486 EAGLE CIR.
CASSELBERRY, FL 32707 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KATHERINE FRASER 10/14/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FRASER, KEVIN
Address: 486 EAGLE CIR.
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete
Name: FRASER, KATHERINE
Address: 486 EAGLE CIR.
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRASER, KEVIN PRES
Address: 486 EAGLE CIR.
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM (X) Change ( ) Addition
Name: FRASER, KATHERINE VP
Address: 486 EAGLE CIR.
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHERINE FRASER VP 10/14/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date