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SECIO DAME OF STATE

AUG 2 9 2018 S. YOUNG

## COVER LETTER

Division of Corporations			
SUBJECT: Digital TWO 85 Name of Limite	ment Awice ed 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:		
Mt Made Williams	<u>M</u>		
Michael Williamson Firm/Company		<del></del>	
P. 01806 6298	St 20021	ALLAHA	8 AUG :
Address THUAMSSLE PL	3234	SSEE, FLO	23 PH 6
City/State and Zip Code MTA. BOCAE GWH	D. Cem	ากเกล	6: 46
E-mail address: (to be used for future annual report)			
For further information concerning this matter, please call  Mi Muel Willymsu_at (7)  Name of Person	1: 86 S S G 4 Area Code & Daytime Telephone !	Sumber	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) ADDRESS) 3. Date of filing/registration in Florida Document number (a) Agent and/or NEW Registered Office address: 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 expember 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 of Registered Agent