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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EOLA DIGITAL CLC 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:	
Rich Jon Pike Name of Person	
EOLA DIGITAL LLC Firm/Company	
627 F. Washington St Address	
Orlando FL 32801 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Prendon Pike at (423) 617-6034 Name of Person Area Code & Daytime Telephone Number	— ber
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
Enclosed is a check for the following amount:	
S25 Filing Fee S55 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:Eolu D. u. fal LLC	
2. (a) 327 E. (P1 tcd Rlv) (b) 627 E. Wish. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFF	lity company:
Unit #1610 Orlando FL	3250
Orland, Fl 32801	
01/17/19 11900001889	<u> </u>
3. Date of filing/registration in Florida 4. Document number	
5. (a) Michael Wasson	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	2020
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	O APR
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	σ ;
(b) Brandon W Pike	PH 4: 00
Enter name of NEW Registered Agent and/or NEW Registered Office address:	: 00
322 E. Central Blul	_
NEW Registered Office Address:	
Unit #1610	
Orlando, FL 32801	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company.	e registered ne change(s) e provided in
Signature of a member or authorized representative of a member Printed or typed name of sign	<u>41 12</u>
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to convisions of all statutes relative to the proper and complete performance of my duties, and I am familiar the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document to merely reflect a change in the registered office address, I hereby confirm that the limited liability companyified in writing of this change	omply with the with and accept it is being filed iny has been
Signature of Registered Agent	
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00	