2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087948

Entity Name: EOLA CAPITAL LLC

Current Principal Place of Business:

800 N. MAGNOLIA AVE, **SUITE 1650** ORLANDO, FL 32803

Current Mailing Address:

800 N. MAGNOLIA AVE, **SUITE 1650** ORLANDO, FL 32803 US

FEI Number: 59-3583790 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Feb 07, 2019

Secretary of State

8771163674CC

Authorized Person(s) Detail:

PRESIDENT, CEO Title Title EVP, CFO, CAO HEISTAND, JAMES FRANCIS, SCOTT Name Name

Address 800 N. MAGNOLIA AVE, Address 800 N. MAGNOLIA AVE, **SUITE 1650**

SUITE 1650

City-State-Zip:

ORLANDO FL 32803

ORLANDO FL 32803 ORLANDO FL 32803 City-State-Zip: City-State-Zip:

Title EVP, CIO Title VP, GENERAL COUNSEL HOLMES-KIDD, A. NONI BATES, JASON Name Name

800 N. MAGNOLIA AVE, 800 N. MAGNOLIA AVE, Address Address

SUITE 1650 SUITE 1650

Title MANAGING DIRECTOR Title **MANAGER**

SHIPLEY HALL, CHARLES R PARKWAY PROPERTY Name Name

INVESTMENTS, LLC Address

800 N. MAGNOLIA AVE, Address 800 N. MAGNOLIA AVE,

SUITE 1650 SUITE 1650

ORLANDO FL 32803 City-State-Zip:

ORLANDO FL 32803 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: A. NONI HOLMES-KIDD

ORLANDO FL 32803

02/07/2019 VP & GENERAL COUNSEL

Electronic Signature of Signing Authorized Person(s) Detail

Date