Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fex audit number (shown below) on the top and bottom of all pages of the document.

(((H04000166582 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tor

Division of Corporations

Fax Number

: {850}205-0380

From:

Account Name

1 C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone

: (850)222-1092

Fax Number

: (850)222-9428

REGISTERED AGENT CHANGE

UNISITE/OMNIPOINT FL TOWER VENTURE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35:00

Hartesple Stines Herrin

COURSING FILESCHOP

* 25,00

8/13/NA

https://efile.sumbiz.org/scripts/efilcovr.exe

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: UniSite/Omnipoint FL Tower Venture, L.L.C. 2. The mailing address of the limited liability company is: 116 Humington Ave. Boston, MA 02116 M9900000933 6/22/99 3. Date of filing/registration in Florida Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Company Company 1201 Hayes Street Address Tallahasses, FL 32301 City, State and Zip 6. The name and address of the new registered agent and/or office: C T Curporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation FI. 33324 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is bereby 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 a manuber or authorized representative of a member)

Traci Houck, Vice President (Printed or typed name of signer)

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 608, 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.

CT Congotian finite.

URISTEN BETZGER

Division of Copporations, P.O. Box 6327, Tallahassee, FL 32314

INHS14(10/99)

FILING FEE: \$25.00

TOTAL P.02