L4400001080

| CORPORATION(5) NAME | | • • • | | |
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| | | | | 4. ***** |
| TC Florida Towers II, L.L.C. | | | · ······· | = - |
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| | 199-108 | <i>⁄</i> 6 | SCRETAN Blowner JUL 29 | |
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| , | | | | V = 1 29 |
| () Profit () Nonprofit | () Amendment | () Merger | RECEIVED 02 JUL 29 AN II: I | t |
| () Foreign | () Dissolution/Withdrawal () Reinstatement | () Mark | 29 F CO | |
| () Limited Partnership () LLC | () Annual Report () Name Registration () Fictitious Name | () Other (X) Change of RA () UCC | M III III | - · · · · · · · · · · · · · · · · · · · |
| () Certified Copy | () Photocopies | () CUS | attinger efficient | • |
| () Call When Ready (x) Walk In () Mail Out | () Call If Problem () Will Wait | () After 4:30 (x) Pick Up | | . , |
| Name Availability | 7/29/02 | Order#: 5300723 | 37253 87 9/02 <u>-</u> 01057- | 5 |
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| Verifier | | Amount: \$ | _ | |

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660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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 | TC Florida Towers II, L.L.C. | <u> </u> |
|--|--|-----------------------------|
| 2. The mailing address of the limited liability c | company is: | |
| 230 Peachtree Street NW, Suite 1440, Atlanta, Ga. 3030 | 03 | |
| 20.00 | T 000000017000 | |
| 02/25/1999 | L99000001080 | |
| 3. Date of filing/registration in Florida | 4. Document number | - |
| 5. The name of the registered agent and the registered agent a | istered office address as shown on the recor | rds of the |
| David R Shields | | |
| | Name | |
| 1 Independent Drive, Su | ite 1600 | |
| | Address | S |
| Jacksonville, Florida 322 | 202-5009 | |
| City | , State and Zip | |
| 6. The name and address of the new registered a | agent and/or office: | SECRETARY IVISION OF COL |
| C T Corporation System | | 골목 |
| o i corporation dyblom | Name | → RSTA |
| 1200 South Pine Island Ro | | TION TON |
| | ss (P.O. Box NOT acceptable) | S S |
| Fiorida street addres | ss (F.O. Box NOT acceptable) | |
| Plantation | FL 33324 | · · · |
| City, | State and Zip | |
| If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent which liability company, it is hereby confirmed that the members of the limited liability company or the operating agreement of the limited liability of the liability of th | made, the Florida street address of the regis- vill be identical. Or, in the case of a Florida e change(s) was/were authorized by an affir as otherwise provided in the articles of orgonomeny. | tered office |
| (Signature of a member or authorized representative of a memb | per) | 4 41* |
| Justin Seamonds | | |
| (Printed or typed name of signee) | - , v , t | - |
| | ve to the proper and complete performance ns of my position as registered agent as pro | of my duties, |
| | O. Box 6327, Tallahassee, FL 32314 | |

FILING FEE: \$25.00

INHS18(10/99)