L99000004838 CT CORPORATION SYSTEM

CORPORATION(S) NAME		O2 JJI
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TowerCom Atlanta, L.L.C.		08 RIDA

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() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark VS 02
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Name Availability	7/29/02	Order#: 5300723
Availability Document Examiner Updater		4000067252342 Ref#: -07/29/0201057011
Verifier W.P. Verifier		Amount: \$

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: TowerCom Atlanta, L.L.C.			
2. The mailing address of the limited liability company i	s:		
230 Peachtree Street NW, Suite 1440, Atlanta, Ga. 30303			
08/05/1999	L9900004838		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered off Florida Department of State:	ice address as shown on the records of the		
David R Shields			
Name			
1 Independent Drive, Suite 1600	7 <u>4</u> 0		
Address			
Jacksonville, Florida 32202-5009			
City, State and			
6. The name and address of the new registered agent and/	or office.		
CT Composition Struton			
C T Corporation System Name			
1200 South Pine Island Road	08 IIDA		
Florida street address (P.O. Box NOT acceptable)			
•	·r ·········		
Plantation FL 333			
City, State and 2	Zip .		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwishe operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	florida street address of the registered office tical. Or, in the case of a Florida limited		
Justin Segmonds			
(Printed or typed name of signee)	-		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prund I am familiar with and accept the obligations of my possible to the companient of the c	standing registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.		

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

INHS18(10/99)

FILING FEE: \$25.00