## #11/200003417

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DEPARTMENT OF STATE

K. SALY EXAMINER

NOV - 9 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I2000000195

REFERENCE : 412850

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 7, 2012

ORDER TIME: 3:59 PM

ORDER NO. : 412850-005

CUSTOMER NO: 7851741

## CHANGE OF AGENT

NAME: CIG COMP TOWER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

## 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. Name of the limited liability company: CIG COMP TO	OWER, LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 5 Concourse Parkway Suite 3100
	-Atlanta GA 30328
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	5 Concourse Parkway Suite 3100
	Atlanta GA 303028
06/15/2012	M12000003417
	——————————————————————————————————————
5. Date of Hingregistration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	National Corporate Research, Ltd., Inc.
Registered Office Address:	155 Office Plaza Drive
	Tallahassee FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
<u>NEW</u> Registered Agent:	Corporation Service Company
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
(MUST BE PLONIDA STREET ADDRESS)	Tallahassee ,FL 32301
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cathereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.  Maure Cathely	address of the registered office and the business se of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
Maurcen Cathell, Authorized Person (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a c confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.
By: Salah Miont	
	arah Wright, Asst. Vice President
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314

FILING FEE: \$25.00