

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number

: (850)617-6380

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Phone

Account Number : 110432003053 : (561)694-8107

Fax Number

: (561)694-1639

REGISTERED AGENT CHANGE

SBA TOWERS, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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6/25/08 5:42 PM

6/26/08

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tange is submitted for a corporation organized under the laws of the State of Florida level to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: SBA Towers, Inc.	
	at office address: 5900 BROKEN SOUND PARKWAY NW BOCA RATON FL 33487	_
3. The mailing a	address (if different):	_
4. Date of incor	rporation/qualification: 05/22/1997 Document number: P97000045653	
	nd street address of the current registered agent and registered office on file with the artment of State;	
	C T CORPORATION SYSTEM	
	1200 SOUTH PINE ISLAND ROAD ZS 3	
	PLANTATION FL 33324 US	T
6. The name and (if changed):		
	Corporate Creations Network Inc.	, כ
	11380 Prosperity Farms Road #221E 0RD 26	
	Palm Beach Gardens, FL 33410	
as changed will		
Such change was authorized by the	ras authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
-1. H	Angela E. Howard On behalf of "Thomas P. Hunt, Senior VP" (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bet corporation has	t the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ring filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.	
// / / / / / / / / / / / / / / / / / /	2 (Date)	
U If signing on be	ehalf of an entity:	
Taide Baez		
(1	Typed or Printed Name)	
	* * * FILING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)