Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Pax Number

: (850)617-6380

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Phone

Fax Number

: (561)694-1639



REGISTERED AGENT CHANGE

SBA SITES, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta mge is submitted for a corporation organized under the laws of the State of $\overline{\square}$		S	
	r to change its registered affice or registered agent, or both, in the State of Flor			
1. The name of t	the corporation: SBA Sites, Inc.			
	office address: 5900 BROKEN SOUND PARKWAY NW BOCA RATOR	V FL 33	487	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 10/15/1998 Document number: P980000	88452		
	l street address of the current registered agent and registered office on file with timent of State:	the .		•
	C T CORPORATION SYSTEM	. فلسم		
	1200 SOUTH PINE ISLAND ROAD	33	80	
	PLANTATION FL 33324 US		MUL	***************************************
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		26	in in
	Corporate Creations Network Inc.	(1) (1)	£# 2;	
	11380 Prosperity Farms Road #221E (P.O. Box NOT acceptable)		52	
	Palm Beach Gardens, FL 33410			
The street addre	ss of its registered office and the street address of the business office of its rebe identical.	egistere:	i agent	•
Such change was authorized by th	is authorized by resolution duly adopted by its board of directors or by an of ie board, or the corporation has been notified in writing of the change.	ficer so		
A. E.	Arigeta E. Howard On behalf of "Thomas P re of an officer or director) (Pfinite or typed name and title)		nlor VP	ı
I hereby accept I further agree to of my duties, and document is belicorporation has	the appointment as registered agent and agree to act in this capacity, a comply with the provisions of all statutes relative to the proper and compl d I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby to been notified in writing of this change.	ete perfo gent. O confirm i	rmanc r, if thi that the	:# 5
1/3 1/3	mature of Registered Agent) 6/25/08 (Dafe)			
If signing on bel	half of an entity:			
Taide Baez				
7)	yped of Printed Name) * * * FILING FEE: \$35.00 * * *			
	"" FILITY FEE: 333.VV			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)