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Form No. 642 Revised /12/05

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a change of its resident agent and the address of its resident agent in the state of Rhode Island as follows:

1.	The name of the limited liability company is: SBA Towers II LLC	
2.	The address of the resident agent as PRESENTLY State is: 10 WEYBOSSET STREET PROVIDENCE, RI 029	shown in the records on file with the Rhode Island Secretary of
3.	The NEW address of the resident agent is: 7 Eva Lane Cranston, RI 02921	
4.	The name of the resident agent as PRESENTLY s State is: CT CORPORATION SYSTEM	hown in the records on file with the Rhode Island Secretary of
5.	The name of the NEW resident agent is: Corporate Creations Network Inc.	
6.	The appointment of a new resident agent and the ch become effective upon the filing of this statement.	ange of address of the resident agent, as the case may be, shall
		Under penalty of perjury, I declare that the information contained herein is true and correct.
Da	ate: <u>6127108</u>	SBA Towers II LLC Print Name of Limited Liability Company Signature of Authorized Person
For	60:11 My CE NOT COST	FILED

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JUN 3 0 2008