DOC ID ----> 201114701145

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/31/2011	201114701145	AGENT RESIGNATION/LIMITED LIABILITY CO/PARTNERSHIP (LAG)	25.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

MARGULIS, GUSSLER & HALL
126 S COURT ST
CIRCLEVILLE, OH 43113

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jon Husted

1306837

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RSC COMMUNICATIONS, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
AGENT RESIGNATION/LIMITED LIABILITY CO/PARTNERSHIP	**201114701145**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 27th day of May, A.D. 2011.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201114701145

Form 521 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to **one** of the following:

- O Expedite — PO Box 1390, Columbus, OH 43216
  *** Requires an additional fee of $100 ***
- O Non Expedite — PO Box 788, Columbus, OH 43216

STATUTORY AGENT UPDATE

Filing Fee: $25

(CHECK ONLY ONE (1) BOX)

(1) Subsequent Appointment of Agent	(2) Change of Address of an Agent	(3) Resignation of Agent
☐ Corp (165-AGS)	☐ Corp (145-AGA)	☐ Corp (155-AGR)
☐ LP (165-AGS)	☐ LP (145-AGA)	☐ LP (155-AGR)
☐ LLC (171-LSA)	☐ LLC (144-LAD)	☑ LLC (153-LAG)
		☐ Partnership (155-AGR)

Name of Entity RSC COMMUNICATIONS, LLC

Charter, License or Registration No. 20020780008 - 1306837

Name of Current Agent ROBERT D. STURGELL

Complete the information in this section if box (1) is checked

Name and Address of New Agent

Name of Agent

Mailing Address

City | Ohio (State) | Zip Code

2011 MAY 27 AM 11:54

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Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, _____, named herein as the
Name of Agent

Statutory agent for, _____, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

Signature: _____
Statutory Agent

☐ **If the agent is an individual using a P.O. Box, the agent must check this box to confirm that the agent is an Ohio resident.**

Complete the information in this section if box (2) is checked

New Address of Agent

_____
Mailing Address

_____ Ohio _____
City State Zip Code

☐ **If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.**

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

5050 SOUTH WALNUT STREET, LOT 19
Mailing Address

ASHVILLE Ohio 43103
City State Zip Code

DOC ID ----> 201114701145

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by an authorized representative **(See Instructions)**

Authorized Representative — Date: 5/25/2011

Print Name: ROBERT D. STUAGGZL

Authorized Representative — Date

Print Name