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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RSC Properties, LLC (Name of	Limited Liabili	ty Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change a	and fee(s) are subm	itted for filing.
Please return all correspondence concerning	g this matter to t	the following:	
Dala I A II OI			
Robert Anthony Stoops (Name of Person)		_	
RSC Properties, LLC		_	
(Firm/Company)			
4301 Berry Farm Road			
(Address)		-	-
Norman, OK 73072			
(City/State and Zip Code)	·	-	 .
For further information concerning this mat	ter, please call:		
William C. Hanlay B.C.	. 405) 329-8562	
William C. Henley, P.C. (Name of Person)	at (<u>405</u>	J	me Telephone Number
· ·	·	-	•
STREET/COURIER ADDRESS:		LING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florida 32314	4
Enclosed is a check for the followi	ng amount:		
	_	Filing Fee & Certi	fied Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 30, 2005

ROBERT ANTHONY STOOPS RSC PROPERTIES, LLC 4301 BERRY FARM ROAD NORMAN, OK 73072

SUBJECT: RSC PROPERTIES, L.L.C.

Ref. Number: M01000002090

We have received your document for RSC PROPERTIES, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 305A00069698

Michelle Hodges Document Specialist

Division of Cornerations - P.O. ROX 6327 - Tallahassaa, Florida 32314

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. The name of the limite	ed liability company is: RSC Prop	erties , LLC					
2. The mailing address o	of the limited liability company is:				·		
4301 Berry Farm Road,	Norman, OK 73072						
September 11, 2001		M01000002090					
3. Date of filing/registration in Florida		4. Document number	er				
5. The name of the regist Florida Department of	ered agent and the registered office State: Mark T. Stoops	e address as shown on	the record	s of the	;		
	Name Name	·		=	•		
	177 Ocean Lane, #709	- 					
Address Key Biscayne, FL 33149			2	·			
		الله الله	<u>.</u> 55				
City, State and Zip 6. The name and address of the new registered agent and/or office:				IEC 22	Entry years		
Rick Rundle			File File	 מד	ا استوا		
Name			— ; ′ F— ; .	***************************************	2 T 2		
10040	S.W. 48th Place Florida street address (P.O. Box	NOT acceptable)		्र १ १ १ १ १ १ १ १ १ १ १ १ १ १ १ १ १ १ १			
	Gainsville FL 326		·				
City, State and Zip							
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreements. (Signature of a member or authorized)	mpany is not organized under the lathange or changes are made, the Florith the registered agent will be identified by confirmed that the change(s) mited liability company or as other not the limited liability company.	nws of the State of Floorida street address of cal. Or, in the case of was/were authorized buse provided in the authorized buse.	rida, it is l the registe a Florida by an affin rticles of c	nereby ered off limited mative organiza	ice vote ation		
Robert A. Stoops (Printed or typed name of signee)						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Thereby confirm	nintment as registered agent and ag ns of all statutes relative to the pro nd accept the obligations of my pos this document is being filed to mer what the limited liability company	ree to act in this capa per and complete perf ition as registered age ely reflect a change in has been notified in w	city. I fur ormance of ont as prov the regist oriting of t	ther ag of my di vided fo ered of his chai	ree to ities, r in fice nge.		
(Signature of Registered Agent)					-		