| (Re | equestor's Name) | | |
|---|--------------------|-------------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL MAIL | |
| • | | | |
| (Bu | siness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



100139356621

12/31/08--01049--007 **35.00

COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|---|---|--|--|--|
| SURIE | CCT: Turn 2 Foundation, Inc. | | | |
| SCESI | (Name of Corporation) | | | |
| DOCU | MENT NUMBER: N96000006209 | | | |
| The en | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please | return all correspondence concerning this matter to the following: | | | |
| | Jonathan C. Koch | | | |
| (Name of Contact Person) | | | | |
| Bush Ross, P.A. | | | | |
| (Firm/Company) | | | | |
| 1801 North Highland Avenue | | | | |
| (Address) | | | | |
| Tampa, FL 33602 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Jonathan C. Koch at (813) 204-6417 (Name of Contact Person) (Area Code & Daytime Telephone N | | | | |
| | (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| | | | | |
| | Mailing Address: Street Address: Amendment Section Amendment Section | | | |
| | Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building | | | |
| | Tallahassee, FL 32314 2661 Executive Center Circle | | | |
| | Tallahassee, FL 32301 | | | |

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of | Florida |
|--|-------------------------------|
| 1. The name of the corporation: Turn 2 Foundation, Inc. | |
| 2. The principal office address: 1360 East 9th Street, Suite 1100, Cleveland, Ohio 44114 | , |
| 3. The mailing address (if different): c/o Kim Wilson, 1360 East 9th Street, Suite 1100, | Cleveland, Ohio 44114 |
| 4. Date of incorporation/qualification: 12/04/96 Document number: N96000 | 0006209 |
| 5. The name and street address of the current registered agent and registered office on file will Florida Department of State: | vith the |
| Jonathan C. Koch | |
| 100 South Ashley Drive, # 1290 | |
| Tampa, Florida 33602 | 2008 [SEC TALL |
| 6. The name and street address of the new registered agent (if changed) and /or registered o (if changed): | SSI |
| Bush Ross Registered Agent Services, LLC | |
| 1801 North Highland Avenue | AM 9: 12 OF STATE EF. FLORIDI |
| (P.O. Box NOT acceptable) | OA 2 |
| Tampa, Florida 33602 | _ |
| The street address of its registered office and the street address of the business office of as changed will be identical. | its registered agent, |
| Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change. | ın officer so |
| S. Charles Jeter (Signature of art officer or director) S. Charles Jeter | · |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and comply duties, and I am familiar with and accept the obligation of my position as register document is being filed merely to reflect a change in the registered office address, I her corporation has been notified in writing of this change. | |
| Signature of Registered Agent) June 5, 2008 (Date) | |
| | |
| If signing on behalf of an entity: | |
| Jonathan C. Koch, Vice President (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)