P17000033344

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2017 HAY IS PHIZ: 03 SELVIPASSEE FLORID

COVER LETTER

TO: Amendment Sec Division of Corp			(2011 HAY 15 PH 12: 03
NAME OF CORPO	RATION: TSI Legal, Inc.			基
	BER: P17000033344			15 To
	of Amendment and fee are su	bmitted for filing.		PH P
Please return all corre	spondence concerning this ma	tter to the following:		93
	Jennifer Dominguez			, -
		Name of Contact Person	n	
	TSI Legal, Inc.			
		Firm/ Company		
	PO Box 173019			
		Address		
	Tampa FL 3367 2 _			
		City/ State and Zip Cod	e	
jenni	fer@tsilegal.com			
	- -	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Jennifer Dominguez		at (⁸¹³	2820074	
Name of Contact Person			de & Daytime Telephone	Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	iling Address		Address	
Amendment Section		Amend		
Division of Corporations		Division of Corporations Clifton Building		
P.O. Box 6327 Tallahassee, FL 32314			Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TSI Legal, Inc.			
(Name of Corpo	oration as currently	filed with the Florida Dept. of	State)
P17000033344			SS S FE
(D	ocument Number of	Corporation (if known)	C. H.
Pursuant to the provisions of section 607.1006, Flits Articles of Incorporation:	forida Statutes, this F	Florida Profit Corporation adopt	s the following amendment(s) to
A. If amending name, enter the new name of the	he corporation:		·
N/A			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "C	Co". A professional corporation	ed" or the abbreviation
B. Enter new principal office address, if applic	cable:	N/A	
(Principal office address MUST BE A STREET			
		· · · -	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)	P.O. BOX 1730	19
		Tampa, FC 3	33672
D. If amending the registered agent and/or reg new registered agent and/or the new registe		ess in Florida, enter the name o	<u>f the</u>
Name of New Registered Agent N/A			
Name of New Registered Agent			
	(Florida stre	et address)	
N/A	(2 10) 111 (1)	www.com	
New Registered Office Address:		, Flo City)	orida <i>(Zip Code)</i>
	ı	cii,i)	(Lip Coue)
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered age	ent. I am familiar w	ith and accept the obligations of	the position.
	Signature of New Re	gistered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike_Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sı	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	P		Jennifer Dominguez	PO Box 173019
x Add				Tampa FL 3367
Remove				
2)Change		_		<u> </u>
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change	· · · · · · · · · · · · · · · · · · ·	_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Pamova				

E. If amen (Attach a	ding or adding additional Anadditional sheets, if necessary,	rticles, enter chang). (Be specific)	e(s) here:			
N/A						
		•				
						•
provisi	nendment provides for an exions for implementing the an final final for implementing the an final fina	<u>change, reclassifica</u> nendment if not cor	ition, or cancellati	on of issued share ndment itself:	<u>s.</u>	
N/A						
			•			

· · · · · · · · · · · · · · · · · · ·	4/17/17	
The date of each amendment(s) date this document was signed.		, if other than
	11/17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as t
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s sufficient for approval.)
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by N/A	,,	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
4/17/17 Dated		
Signature	Edmirar's-	
(By a	director, president or other officer - if directors or officers have not been	
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	,
арро	•	
	Jennifer Dominguez	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	