P180000 49716

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TO: Amendment Section

Division of Corporations NAME OF CORPORATION: T.S.C. Legacy, Inc. DOCUMENT NUMBER: P18000049716 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Teresa Saraco Cole Name of Contact Person T.S.C. Legacy, Inc. D.B.A. NextHome All American Firm/ Company 430 Summerhaven Drive, Suite 200 Address DeBary, Fl 32713 City/ State and Zip Code Teresa@TeresaSaracoCole.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Teresa Cole at (386) 848-0548

Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fec & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of

T S C Legacy, Inc (Name of Corporation as currently filed with the Florida Dept. of State) P18000049716 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered 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 Doc			
X Remove	<u>V</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
1) Change	Dir	Maria Saraco		580 Bernasek Drive	
X Add				DeBary, FL 32713	
Remove					
2) Change					
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_	<u> </u>		
Add					
Remove					
6) Change					
Add					
Remove					

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)			
				
-				
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		. <u> </u>		
f an amendment provides for an exch	ango raclassification	or cancellation of	ficenad charac	
provisions for implementing the ame	ndment if not containe	d in the amendme	ent itself:	
(if not applicable, indicate N/A)				
				
		-		
				<u></u> _
			- <u>-</u>	
			- 	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment	file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requidocument's effective date on the Department of State's records.	uirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	r the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the ar	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	,,
(voting group)	
■ The amendment(s) was/were adopted by the board of directors without shareholder acti action was not required.	on and sharcholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action as action was not required.	nd shareholder
01/15/2019 Dated	
Signature	
(By a director, president of other officer – if directors or office selected, by an incorporator – if in the hands of a receiver, true appointed fiduciary by that fiduciary)	ers have not been stee, or other court
Teresa Saraco cole	
(Typed or printed name of person signing)	
President	
(Title of person signing)	