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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

THE MCGREGOR	R GROUP, INC.		
	· · · · · · · · · · · · · · · · · · ·		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
		✓	Art. of Amend. File
		\	RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		✓	Photo Copy
			Certificate of Good Standing
			Certificate of Status
		i	Certificate of Fictitious Name
		<u></u>	Corp Record Search
			Officer Search
		l <u> </u>	Fictitious Search
Signature			Fictitious Owner Search
8			Vehicle Search
			Driving Record
Requested by: BA	2/20/17	<u></u>	UCC 1 or 3 File
Name		Time	UCC 11 Search
ratio	Date		UCC 11 Retrieval
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: THE MCGREGOI	R GROUP, INC.		
DOCUMENT NUN	4BER: P03000013225			
	es of Amendment and fee are su	bmitted for filing.		
Please return all corr	respondence concerning this ma	tter to the following:		
	SHARON MCGREGOR			
		Name of Contact Person	1	
	THE MCGREGOR GROUP	, INC		
		Firm/ Company		
,	P.O. BOX 802		•	
		Address		
	POMPANO BEACH, FL 33	3061		
		City/ State and Zip Cod	e e	
cha	ron@tmgmgmt.com	•		
		sed for future annual report	notification)	
			,	
For further informati	ion concerning this matter, pleas	se cail:	•	
SHARON MCGRE	GOR	at (⁹⁵⁴	557-8260	
Nam	e of Contact Person	at (954) 557-8260 Area Code & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	☐\$43.75 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)	
Mailing Address		Street Address		
Amendment Section		Amendment Section		
	ivision of Corporations O. Box 6327	Division of Corporations Clifton Building		
	ollahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2017

CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET STE. 1 TALLAHASSEE, FL 32301

SUBJECT: THE MCGREGOR GROUP, INC.

Ref. Number: P03000013225

We have received your document for THE MCGREGOR GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L06000042994 - T.E.S.S., LLC.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 417A00003341

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

THE MCGREGOR GROOF, INC.	• • • • • • • • • • • • • • • • • • • •	AB AME A CALLAR WIS CO. WAY A PROCESS OF
	of Corporation as curre	ntly filed with the Fiorida Dept. of State)
P03000013225		
	(Document Number	r of Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, th	als Florida Profit Corporation adopts the following amenda
A. If amending name, enter the new n	ame of the corporation:	•
TESS CONSULT	ING, INC.	The ne
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," of thon," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." 7848 NW 112 th WAY
B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A S</u>		PARKLAND, FL 33076
C. Enter new mailing address if appl (Mailing address MAY BE A POST		N/A
D. <u>If amending the registered agent ar new registered agent and/or the ne</u>		idress in Florids, enter the name of the
Name of New Registered Agent	N/A	
Name of their regards on them	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Florida	street address)
	N/A	
New Registered Office Address:		(City) , Florida(Zip Code)
•		
New Resistered Agent's Signature, if c I hereby accept the appointment as regist	hanging Registered Age tered agent. I am familio	unti ar 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 Doe	
X Remove	¥	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1)Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	_		
Add			
Remove			
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

amending or adding additional tach additional sheets, if necessar	rry). (Be specific)			
				
				
<u>,</u>				
		<u> </u>		
<u> </u>				
				
				
				
an amendment provides for a	n exchange, reclass	ification, or canc	llation of issued s	hares,
provisions for implementing th	e amendment n no	contained in the	amendment itself:	<u>.</u>
(if not applicable, indicate N	WA)			
				······································

	2/17/17	, if other than the
The date of each amendment(s) a date this document was signed.	doption:	
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 D	block does not meet the applicable statutory filing requirements, this department of State's records.	ate will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	•
☐ The amendment(s) was/were act by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	(s)
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statem reach voting group entitled to vote separately on the amendment(s):	nent _.
	at for the amendment(s) was/were sufficient for approval	
by	(voling group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and sharehol	der
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated	2/1/2017/	
seleç	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other continued fiduciary by that fiduciary)	n puri
	(Typed or printed name of person signing)	
	Aesident (Title of person signing)	<u>.</u>