P08000042012

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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05/19/09--01019--014 **35.00

2009 JUN 25 AM 10: 21
SECRETARY OF STATE

Amend 6/26/09

COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of C	Corporations		
NAME OF COR	PORATION: MCCG	ouyver all ino	ne, inc.
DOCUMENT N	umber: <u><i>P08</i> 000</u>	0 42012	<u> </u>
The enclosed Arti	icles of Amendment and fee a	re submitted for filing.	
Please return all c	orrespondence concerning thi	is matter to the following:	
	Russel De	M In y Jame of Contact Person	·
		Firm/ Company	
	1008 25 th Av	E West Palmetto Address	,FL34921
	Palmetto, FC Tara Dem E-mail address: (to be use	ity/ State and Zip Code ins a Premier - Bed for future annual report notification)	V,com
For further inform	nation concerning this matter,	please call:	
R U 554/	e of Contact Person	at (<u>\$13</u>) <u>484</u> ~ Area Code & Daytime Tel	1727 ephone Number
Enclosed is a chec	ck for the following amount m	nade payable to the Florida Depar	tment of State:
\$35 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)
<u>Mailing A</u> Amendme		Street Address Amendment Section	

Division of Corporations

Tallahassee, FL 32301

Clifton Building
2661 Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2009

RUSSEL DEMING MCCGUYVER ALL IN ONE, INC. 1008 25TH AVE W PALMETTO, FL 34221

SUBJECT: MCCGUYVER ALL IN ONE, INC.

Ref. Number: P08000042012

We have received your document for MCCGUYVER ALL IN ONE, 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 document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 609A00017642

SECRETARY OF STATE

AGINO 17-33828 AHAJJAT

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BECEINED

Articles of Amendment to Articles of Incorporation of

MCCGGAV WAR AL	lin one, inc	- MECRET	ARY AMIO. SEE ESTA
(Name of Corporation as curren	ntly filed with the Florida	Dept. of State)	Se Or
P080000 420	12	·	E. FLOATE
(Document Num)	ber of Corporation (if know	/n)	ORION
suant to the provisions of section 607.1006, endment(s) to its Articles of Incorporation:	, Florida Statutes, this Flo	orida Profit Corporation ado	pts the follow
If amending name, enter the new name of	the corporation:		
			The new
ne must be distinguishable and contain the reviation "Corp.," "Inc.," or Co.," or the c ne must contain the word "chartered," "profe	designation "Corp," "Inc,	" or "Co". A professional c	corporation
Enter new principal office address, if appli			_
incipal office address <u>MUST BE A STREET</u>	TADDRESS)		
		····	
			_
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)		_
· · · · · · · · · · · · · · · · · · ·		,	Nui-
			-
If amending the registered agent and/or re	egistered office address in	Florida, enter the name of t	he
new registered agent and/or the new regist			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street aa		
	·		
· · -	(City)	, Florida (Zip Code)	
	· • • • • • • • • • • • • • • • • • • •	(25)	
v Registered Agent's Signature, if changing	g Registered Agent:	i dilbe ci	1.5
reby accept the appointment as registered ag	geni. 1 am jamiliar with an	a accept the obligations of the	e position.

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Dir	Luiscarles Fraile	USIU 27th St. W Bradunton, FL. 34207	Add · D Remove
<u></u>			
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spec		
			1
provisi	mendment provides for an exchange, recons for implementing the amendment is not applicable, indicate N/A)		
		-	

The date of each amendment	c(s) adoption: JUNY 2, Ô 9
Effective date if applicable:	,
7	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	.,,
	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
action was not required.	
. Dated	June/2/09
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Director
	(Title of person signing)