GRECO APPAREL 69 182

100002195981---05/30/97--01051--001 *****35.00 *****35.0 P.O. Box 434 Ambler, PA 19002 City/State/Lip rnone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Walk in Photocopy Will wait Certificate of Status Mail out NEW FILINGS AMENDMENTS Profit Amendment NonProfit Besignation of R.A., Officer/ Director Limited Liability Change of Registered Agent Dissolution/Withdrawal **Domestication** Other Merger REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Examiner's Initials

Trademark

Other

	Charter No. HOD X
·	Date Filed PC
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STATEMENT OF CHANGE OF REGISTERED OFFICE	
AND REGISTERED AGENT	
Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.	
1. The name of the corporation is: GRECO APPAREL IN	
45 Covenaish Orme P.C. Box 434, Amble	r, PA 19002
The 5355	ATHAN L. SHEPARD Plaza, Suite 801 Town Center Road Raton, FL 33486
3. The name and street address to which its registered agent is to be changed is:	
680 W. 187 ST	Joseph Greco
HALPOH FI.	1.80 W. 18th St.
33010	Hialeah FL 33010
4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.	
5. Such change was authorized by resolution duly adopted by its boar the corporation so authorized by the board of directors.	d of directors or by an officer of
JOSEPH GRECO RESIDENTO Signature AM	I her
(Typed or printed name and title)	(President or Vice President)
Date 5/2/	it.g 7
HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. 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 COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.	
Please Print/Type Name JOSEPH GRECO	97 SEC TALL
Signature (Agent)	FIL MAY 30 ALLSEED
Date 5/26/9 7	.ED Mag F100
. FILING FEE \$35) III: 2 TATE DRIDA