P10000044463

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SECRETARY OF STATE
TALLAHASSEE STATE

8/16/10

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	CCT: Greko Media Co Name of Corporat	rp
DOCU	MENT NUMBER: P1000004	44463
The en	closed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.
	return all correspondence concerning this matter to the	_
	Sabrena Corcoran Name of Contact Pe	-
	Grelco media Firm/Company	<i>y</i>
	4771 Bayon Blue Address	1#125
	Pensicald, FL 3. City/State and Zip	2503 Code
	Sbahy (Sec. Cov E-mail address: (to be used for future a	nnnual report notification)
For fur	ther information concerning this matter, please call:	
	Sabrena Corcoran at (541) 510-7464 Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department o	of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	nt of change is submitted for a corporation organized under the l in order to change its registered office or registered agent, or b	, ,
1. The na	ame of the corporation: GREKO MEDIA CORP.	
2. The pri	rincipal office address: 4771 BAYOU BLVD #125	
PENS	SACOLA FL 32503 US	·
3. The ma	nailing address (if different):	
4. Date of	of incorporation/qualification:05/19/2010 Documen	nt number:P10000044463
	ame and street address of the current registered agent and registe a Department of State: (If resigned, enter resigned)	ered office on file with the
	CORCORAN, SABRENA	
	4771 BAYOU BLVD #125	TAIL SET
	PENSACOLA FL 32503 US	L PARTO
6. The na (if char	ame and street address of the new registered agent (if changed) a anged):	und /or registered office
gistere	≥ol → Terry Lewis	
•	4771 BAYOU BLVD #125 P.O. Box NOT acceptable	
	PENSACOLA FL 32503 US	
The stree	eet address of its registered office and the street address of the ged will be identical.	business office of its registered agen
Such cha authorize	ange was authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	of directors or by an officer so g of the change.
6	Signature of an officer or director	rinted or typed name and title
I further of my dui documen	accept the appointment as registered agent and agree to act r agree to comply with the provisions of all statutes relative to uties, and I am familiar with and accept the obligation of my p nt is being filed merely to reflect a change in the registered of tion has been notified in writing of this change.	in this capacity. the proper and complete performan position as registered agent. Or, if th fice address, I hereby confirm that th
	Signature of Registered Agent	08/09/2010
ر If signing	ng on behalf of an entity:	<i>Suc</i>
	Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314