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GECCO Marketing Inc. 6849 W. Colonial Drive Orlando, FL 32818

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
V	Change of Registered Agent
	Dissolution/Withdrawal
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OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida
1. The name of the corporation is: GECCO MARKETING, INC.
2. The mailing address of the corporation is: 68 49 W. COLONAL DIZ
ORLANDO, FL. 32818
3. Date of incorporation/qualification: 12-3-98 Document number: 79800010049
4. The name and address of the current registered agent and office:
AMERILAWYER
343 ALMERIA AVE
CORAL GABLES, FL. 33/34
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
DAVID ABRAMS
6849 W. COLONIAL DR
ORLANDO, FC 32818
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
m. Pm 4/16/99
(Signature of an officer, chairman or vice chairman of the board) (Date)
MICHAEL BORISH PRES (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
David Chaus 4/16/99 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
DAUID ABRAMS AGENT
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *