

LO9000041350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

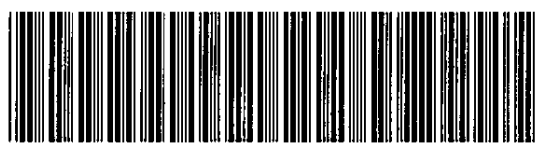
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

SEP 10 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MILB Vero Beach LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. Scott Poley  
Name of Person

Minor League Baseball  
Firm/Company

9550 16th Street North  
Address

St. Petersburg, FL 33716  
City/State and Zip Code

spoley@MiLB.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

D. Scott Poley at ( 727 ) 456-1714  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2009

D. SCOTT POLEY  
NATIONAL ASSOCIATION OF PROFESSIONAL BAS  
9550 16TH STREET NORTH  
ST. PETERSBURG, FL 33716

SUBJECT: MILB VERO BEACH LLC  
Ref. Number: L09000041350

We have received your document for MILB VERO BEACH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 109A00028512

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TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BIRCO Holding Company, LLC

2. (a) Principal office address of limited liability company: 9550 16th Street North

(Note: **MUST BE STREET ADDRESS**) St. Petersburg, Florida 33716

(b) Mailing address of limited liability company: P.O. Box A

(Note: **MAY BE POST OFFICE BOX**) St. Petersburg, Florida 33731

4/28/09  
3. Date of filing/registration in Florida

L09000041350  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: D. Scott Poley

Registered Office Address: 201 Bayshore Dr SE  
St. Petersburg, FL 33701

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW** Registered Agent: D. Scott Poley

**NEW** Registered Office Address: 9550 16th Street North  
**(MUST BE FLORIDA STREET ADDRESS)** St. Petersburg, FL 33716

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Pat O'Conner, President  
Signature of a member or authorized representative of a member

Pat O'Conner, President  
Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

D. Scott Poley  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**