

L08000040544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

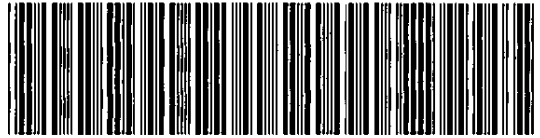
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. LEWIS

SEP 10 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BIRCO Holding Company LLC
Name of Corporation

DOCUMENT NUMBER: L08000040544

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. Scott Poley
Name of Contact Person

National Association of Professional Baseball Leagues
Firm/Company

9550 16th Street North
Address

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

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

For further information concerning this matter, please call:

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

Enclosed is a \$35.00 check made payable to the Department 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2009

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

SUBJECT: BIRCO HOLDING COMPANY LLC
Ref. Number: L08000040544

We have received your document for BIRCO HOLDING COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 309A00028470

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BIRCO Holding Company 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)

For further information concerning this matter, please call:

D. Scott Poley

Name of Person

at (727)

456-1714

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

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

4/22/08 3. Date of filing/registration in Florida L08000040544 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

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

FILED
2009 SEP -9 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA