

L0600002114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2009 MAR -6 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2009

Nicolas A. Manzini
Manzini & Associates, P.A.
169 E. Flagler Street, #1500
Miami, FL 33131

SUBJECT: ORBE INVESTMENTS, LLC
Ref. Number: L06000021114

We have received your document for ORBE INVESTMENTS, 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):

The form that you submitted is for a corporation and your entity is an LLC. I have enclosed the correct form for you to fill out and return to us.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 409A00005353

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORBE INVESTMENTS, 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:

NICOLAS A. MANZINI

(Name of Person)

MANZINI & ASSOCIATES, P.A.

(Firm/Company)

169 E. FLAGLER STREET - SUITE 1500

(Address)

MIAMI, FLORIDA 33131

(City/State and Zip Code)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NICOLAS A. MANZINI

(Name of Person)

at (305)

577-9903

(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

(Previously Paid)

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: ORBE INVESTMENTS, LLC

2. (a) Principal office address of limited liability company: 169 E. FLAGLER STREET - SUITE 1518
(Note: **MUST BE STREET ADDRESS**) MIAMI, FLORIDA 33131

(b) Mailing address of limited liability company: 169 E. FLAGLER STREET - SUITE 1518
(Note: **MAY BE POST OFFICE BOX**) MIAMI, FLORIDA 33131

02/27/2006
3. Date of filing/registration in Florida

L06000021114
4. Document number

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

Registered Agent: ATRIUM REGISTERED AGENTS, INC.

Registered Office Address: 1500 SAN REMO AVE., SUITE 1255
CORAL GABLES, FLORIDA 33146

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

NEW Registered Agent: NICOLAS A. MANZINI, ESQ.

NEW Registered Office Address: 169 E. FLAGLER STREET
(**MUST BE FLORIDA STREET ADDRESS**) SUITE 1500
MIAMI, FL 33131

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.

JOSE VIANA
(Signature of a member or authorized representative of a member)

JOSE VIANA, MGR
(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.

Stewart G. Stearns
(Signature of Registered Agent)

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