

211000064168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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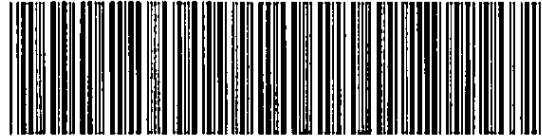
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlinve, 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:

John L. Di Masi, Esq.
Name of Person

Di Masi Burton, P.A.
Firm/Company

801 N. Orange Ave. Suite 500
Address

Orlando, FL 32801
City/State and Zip Code

management@orlando-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John L. Di Masi at (407) 839-3383
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14) Paid \$ 35.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2023

JOHN L. DI MASI
DI MASI BURTON, P.A.
801 N ORANGE AVENUE #500
ORLANDO, FL 32801

SUBJECT: ORLINVE, LLC
Ref. Number: L11000064168

We have received your document for ORLINVE, 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 you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 323A00005672

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Orlinve, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

594 5th Street, 3
Brooklyn, NY 11216

3. 6/1/2011 Date of filing/registration in Florida 4. _____ Document number

5. (a) Law Offices of John L. Di Masi, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Frank S. Lacquaniti, Esq.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
801 N. Orange Ave Suite 500
Orlando, FL 32801

(b) John L. Di Masi, Esq.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Di Masi Burton, P.A.
NEW Registered Office Address:
801 N. Orange Ave, Suite 500
Orlando, FL 32801

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.

[Signature]
Signature of a member or authorized representative of a member

John L. Di Masi
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 605, 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.

[Signature]
Signature of Registered Agent

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

FILED
2023 MAY 15 PM 3:05
TALLAHASSEE, FL
CLERK OF STATE