L060000 51914

, (Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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10/03/24--01015--011 **2485.00

2024 NOV -5 PM 3: 10
-SALLAHASSEF FI



October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS SECOND, LLC

Ref. Number: L06000051814

We have received your document for DOHERTY HOLDINGS SECOND, Luckand your check(s) totaling \$2485.00. 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 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) 245-6050.

Wanite A Mills Regulatory Specialist II

Letter Number: 324A00023102

COVER LETTER

TO: Registration Division of	r Section Corporations				
DOHE SUBJECT:	ERTY HOLDINGS SECON	D. LLC			
	N	ame of Limited !	Liability Company		
Dear Sir or Madam	:				
The enclosed Regis	tered Agent/Registered O	ffice Change and	d fee(s) are submitted for filing.		
Please return all cor	respondence concerning	this matter to the	following:		
Walter Thomas					
	Name of Person			20:	
Walter Thomas, P.A.				2024 NOV -5	-
	Firm/Company		——————————————————————————————————————	V -5	Í
2549 Ryland Falls Sr	ive		で いた Min		ĺ
	Address		— E. F.	PH 3: 15	ŧ
Lakeland, Florida 33	811			2	
	City/State and Zip Code				
walter@walterthoma	spa.com				
E-mail addres	s: (to be used for future a	nnual report noti	fication)		
For further informa-	tion concerning this matte	er, please call:			
Walter Thomas		863 at (940-4855		
Nai	me of Person		Area Code & Daytime Telephone Number		
P.O. Box 6	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is	s a check for the following	ig amount:			
■ \$25 Filir	ıġ 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 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.

I. Na	ime of the limited liability company:	LDINGS	SE	COND, LL	C			
2. (a)	2925 MALL HILL DR	((b)	2925 MAI	L HILL DR			
_ , , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	۸	failing address (<u>Note: MAY</u>		-	
	LAKELAND, FL 33810		-	LAKELAN	8D. FL 33810			
	05/18/2006		I	.060000518	814			
3.	Date of filing/registration in Florida	4,			Document nu	ımber		
5. (a)								
	Registered Agent and Registered Office shown on the records o 230 Doris Drive	the Pioni	Ja L	rept. of State	::	$\sigma_{\!_{\! -}}$	20	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u> </u>			FALLI	2024 NOV -5	
	Lakeland F	I	•••			ALLAHASSE		
(b)	WALTER THOMAS, P.A.					in or in or in a	PM 3: 1	O
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddr	ess:	•	- AIF	5	
	2549 Ryland Falls Drive							
	NEW Registered Office Address:							
	Lakeland	33811 L						
change agent v was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the organing agreement of the	ws of the register in the control of the line of the line line line line line line line lin	red om mite lia	office and pany, it is ad liability	I the business hereby confi company or pany.	office of the of the trial of the the the the trial of trial of the trial of t	he regi he cha	stered nge(s)
Signa	ture of a member or authorized representative of a member			<u> </u>	Printed or type	d name of sig	nee	
provisi he obl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Ay reflect a change in the registered office address, I I'm writing of this change.	ree to ac perforn ed for in hereby c	a ir um Ch 'on,	this capa ce of my d apter 605, firm that t	ecity. I furthe luties, and I a F.S. Or, if t he limited lia	r agree to im familiar his docume hility comp	comply with a out is be ouny he	with the nd accept eing filed is been
Signatu	re of Registered Agent							

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