## L12000069985

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(Sit) States Elps. Hone in					
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS THIRD, LLC

Ref. Number: L12000069985

We have received your document for DOHERTY HOLDINGS THIRD, LLC and 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

2024 NOV -5 PH 3: 11

Letter Number: 924A00023098

## COVER LETTER

TO: Registration Section Division of Corporations DOHERTY HOLDINGS THIRD, LLC SUBJECT: 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: Walter Thomas Name of Person Walter Thomas, P.A. Firm/Company 2549 Ryland Falls Srive Address Lakeland, Florida 33811 City/State and Zip Code walter@walterthomaspa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Walter Thomas 863 940-4855 Area Code & Daytime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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)

## 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. N	ame of the limited liability company: DOHERTY HO	LDINGS TI	HRD, LLC		
2. (a)	2925 MALI, HILL DR	(b)	(b) 2925 MALL HILL DR  Mailing address of limited liability company:  **tNote: MAY BE POST OFFICE BOX**)		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del> (**)			
	LAKELAND, FL 33810	_ <del></del>	LAKELAND, F	L 33810	
	05/23/2012		L12000069985		
<ul><li>3.</li><li>5. (a</li></ul>	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.	Docu	iment number	
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  230 Doris Drive				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024 NOV	
(b)	Lakeland , F	L_33813			
	WALTER THOMAS, P.A.			5 PH	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	2549 Ryland Falls Drive				
	NEW Registered Office Address:				
	Lakeland, F	33811 L			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered iability cort of the limited list	l office and the apany, it is here ted hability com	business office of the registered by confirmed that the change(s) ipany or as otherwise provided in	
Sign	Signature of a member or authorized representative of a member			ed or typed name of signee	
provi: the of to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I bed in writing of this change	ree to act i performan ed for in Ci hereby con	n this capacity, ace of my duties aapter 605, F.S. afirm that the lin	I further agree to comply with the , and I am familiar with and accept Or, if this document is being filed nited liability company has been	
Signat	tire of Registered Agent				

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