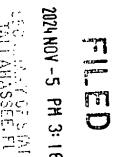
(Requestor's Name)
(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodineil Turibel)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

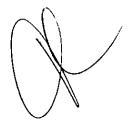
Office Use Only



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







October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS FIFTH, LLC

Ref. Number: L14000099412

We have received your document for DOHERTY HOLDINGS FIFTH, 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.

Letter Number: 024A00023087

Wanite A Mills Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
DOHERTY HOLDINGS FIFTI		
	Name of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	f fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the	following:
Walter Thomas		
Name of Person		202
Walter Thomas, P.A.		WALL WALL
Firm/Company		- 5
2549 Ryland Falls Srive		2024 NOV -5 PH 3: 16 SECONDA ANY OF STATE TALL ANASSEE, FL
Address		—
Lakeland, Florida 33811		in the second se
City/State and Zip Co	de	
walter@walterthomaspa.com		
E-mail address: (to be used for future	annual report noti	lication)
For further information concerning this ma	itter, please call:	
Walter Thomas	863 at (940-4855
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 follow	ving amount:	
■ \$25 Filing Fee	- S	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 HOL	DINGS I	FIFTH, LLC	•			. <u> </u>
2. (a)	2925 MALL HILL DR	t)	2925 MALL HILL DR				
2. (u)	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS) LAKELAND, FL 33810			Mailing address of I (Note: MAY BE AND, FL 33810			-
3.	06/20/2014 Date of filing/registration in Florida WALTER THOMAS, P.A.		1.1400009	9412 Document num	ber		
5. (a)	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Florid	a Dept. of Sta	ile.			
	Registered Office Address	ADDRES	<u>s)</u>	_	N. TAI	2024 NOV	
	Lakeland . FI	33813		_	L A	- AON	n
(b)	WALTER THOMAS, P.A.				AHASS	2	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ac	idress:	_	SEC.	PM 3:	
	2549 Ryland Falls Drive				FIATE	16	
	NEW Registered Office Address:			_			
	Lakeland, FI	33811					
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 included organization on the operating agreement of the	register ability co of the lin limited	ed office at impany, it i nited liabili	nd the business of is hereby confirm ty company or as mpany.	ffice of the red that the	registe chang	red c(s)
Signa	ature of a member of authorized representative of a member		•	Printed or typed n	ame of signed	<u> </u>	
provis the ob to men notifie	Pby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I ad in writing of this change.	perform	ance of my	duties, ånd I am	Tamiliar w	ith and	accept

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