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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 EIGHTH, LLC Ref. Number: L15000125602

We have received your document for DOHERTY HOLDINGS EIGHTH, 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. $\frac{d^{n+1}}{d^n c^n}$

Please return your document, along with a copy of this letter, within 60 days or 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: 624A00023103

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COVER LETTER

TO: Registration Section Division of Corporations

DOHERTY HOLDINGS EIGHTH, 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
	at ()
Name of Person		Area Code & Daytime Telephone Number
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:

S25 Filing Fee

S55 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.

2. (a) 2925 MALL HILL DR Principal office address of limited liability company: (<i>Sote: MUST BE STREET ADDRESS</i>) LAKELAND, FL 33810 07/24/2015 3. Date of filing/registration in Florida 4. Document number WALTER THOMAS, P.A. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 230 Doris Drive Registered Office Address: Lakeland (b) WALTER THOMAS, P.A. Enter name of <u>NEW Registered Agent and/or NEW Registered Office address</u> : 2549 Ryland Falls Drive <u>NEW</u> Registered Office Address: Lakeland FL 33811	
Principal office address of limited liability company: (<u>Note: MUST RE STREET_ADDRESS</u>) Mailing address of limited liability company: (<u>Note: MAY RE POST OFFICE ROS</u>) LAKELAND, FL 33810 LAKELAND, FL 33810 07/24/2015 £.15000125602 3. Date of filing/registration in Florida 4. Document number S. (a) WALTER THOMAS, P.A. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 230 Doris Drive Registered Office Address (b) WALTER THOMAS, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 2549 Ryland Falls Drive <u>NEW</u> Registered Office Address: 2549 Ryland Falls Drive	
07/24/2015 L15000125602 3. Date of filing/registration in Florida 4. Document number 5. (a) WALTER THOMAS, P.A. 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) Lakeland . FL_33813 (b) WALTER THOMAS, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address: 2549 Ryland Falls Drive NEW Registered Office Address:	
 3. Date of tiling/registration in Florida 4. Document number 5. (a) WALTER THOMAS, P.A. 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) Lakeland .FL. 33813 (b) WALTER THOMAS, P.A. (b) WALTER THOMAS, P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>: 2549 Ryland Falls Drive <u>NEW</u> Registered Office Address: 	
 5. (a) WALTER THOMAS, P.A. 7. (a) 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) Lakeland .FL. 33813 (b) WALTER THOMAS, P.A. (b) WALTER THOMAS, P.A. Enter name of <u>NEW Registered Agent and/or <u>NEW Registered Office address</u>: 2549 Ryland Falls Drive</u> NEW Registered Office Address:	
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Lakeland .FL 33813 (b) WALTER THOMAS, P.A. Enter name of <u>NEW Registered Agent and/or NEW Registered Office address</u> : 2549 Ryland Falls Drive <u>NEW</u> Registered Office Address: <u>NEW</u> Registered Office Address:	
(b) WALTER THOMAS, P.A. Enter name of <u>NEW Registered Agent and/or NEW Registered Office address</u> : 2549 Ryland Falls Drive <u>NEW</u> Registered Office Address: TAT	
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Lakeland 33811	D
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 i the articles of organization or the operating agreement of the limited liability company.	
Christopher Doherty	
Signature of a member is authorized representative of a member 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 of Registered Agent Л

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