## L18000018824

(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:								
Wmilk year form								

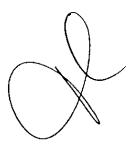
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2024 NOV - 5 PM 3: 14





October 17, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS TWELFTH, LLC

Ref. Number: L18000018824

We have received your document for DOHERTY HOLDINGS TWELFTH, 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

Letter Number: 624A00023007 ALLAHASSEE, FL

## COVER LETTER

TO:

Registration Section

Division of Corporations DOHERTY HOLDINGS TWELFTH, 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 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: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee 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.

I. Na	ime of the limited liability company: DOHERTY HOLD	JINGS T	WEL	FTH, LLC			
!. (a)	2925 MALL HILL DR	2925 MALL HILL DR					.=
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address o ( <u>Note: MAY B</u>		-	
	LAKELAND, FL 33810	_	LAKELAND, FL 33810				
	01/23/2018	_	L.180	000018824			
3. 5. (a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.		Document number			
	Registered Agent and Registered Office shown on the records of the 230 Doris Drive	of State:					
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	7		TALL:	2024 NOV -5	-
	Lakeland, FL	33813			AHASSEE.	)V -5	
	WALTER THOMAS, P.A.				SSEE THE		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	dress:		A.L.	ယ္ —	
	2549 Ryland Falls Drive				F	£	
	NEW Registered Office Address:						
	Lakeland, FL	33811					
hange gent v vas/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere oility eco the lim imited l	d off mpar ited l iabili	ice and the business y, it is hereby confir iability company or a ty company.	office of the med that the	ie regis ie char	stered ige(s)
Signal	ignature of a member or authorized representative of a member			Christopher Doherty  Printed or typed name of signee			
l herel provisi he obl o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he I'm writing of this change	erforme	mee a	is capacity. I further of my duties, and I ar	· agree to c n lamiliar :	omply with a	id accept

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