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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJF	DOHERTY HOLDINGS THIRT	TENTH, LLC				
., (, 12.) 1		Name of Limited I	Liability Company			
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered (Office Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the	following:			
Walter	Гhomas					
	Name of Person		<u>.</u>			
Walter	Thomas, P.A.					
	Firm/Company					
2549 R	yland Falls Srive		A CO	5 PM 3: 03		
	Address			л ў		
Lakelar	id, Florida 3381 l			غ غ س		
	City/State and Zip Cod	e	— [2]	03		
walter@	Walterthomaspa.com					
Е	mail address: (to be used for future a	annual report noti	fication)			
For fur	her information concerning this matt	ter, 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 followi	ing amount:				
	■ \$25 Filing Fee	<u> </u>	\$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	me of the limited liability company:	DINGS T	THRTEE	ENTH, LLC		
2. (a)	2925 MALL HILL DR		(b) 2925 MALL HILL DR			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Marting address of limited hability company: (Note: MAY BE POST OFFICE BOX)		
	LAKELAND, FL 33810	_	LAKE	LAND, FL 33810		
	09/07/2018	_	L18000	0214073		
3.	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of t 230 Doris Drive Registered Office Address (MUST BE FLORIDA STREET A					
	Lakeland, FL	33813	·	2024 NOV -5 PH 3: U3	1	
	WALTER THOMAS, P.A.			5	L	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	SEE S		
	2549 Ryland Falls Drive) 3	
	NEW Registered Office Address:			·		
	Lakeland, FL_	33811				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registere bility co f the lim	ed office mpany, iited liab	and the business office of the register it is hereby confirmed that the change offity company or as otherwise provide	ed (s)	
Siamat	aire of a member or authorized tepresentative of a member	Chri	stopher I	Doherty Printed or typed name of signee		
I herel provisi the obl to merc notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have been applied this change.	ve to act performe for in C vreby co	in this c ince of n hapter (onfirm th	canacity. I further agree to comply wil	th the iccept filed ien	