L19000145746

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







October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DR LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS FIFTEENTH, LLC

Ref. Number: L19000145746

We have received your document for DOHERTY HOLDINGS FIFTEENTH, 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 PM 3: 17

Letter Number: 124A00023088

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	DOHERTY HOLDINGS FIFTE	ENTH, LLC		
		Name of Limited L	iability Company	
Dear Si	or Madam:			
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning	g this matter to the	following:	
Walter '	Thomas			
	Name of Person			
Walter 1	Thomas, P.A.			
	Firm/Company			2021
2549 Ry	land Falls Srive			2024 NOV -5
	Address			5
Lakelan	d, Florida 33811			S PH 3: 17
	City/State and Zip Coo	le	<u> </u>	3: 1 STA
walter@	walterthomaspa.com			
E-	mail address: (to be used for future	annual report noti	ication)	
For furt	her information concerning this ma	tter, please call:		
Walter '	"homas	863 at (940-4855	
	Name of Person		Area Code & Daytime Telephone Nun	nber
	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	ing 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:	DINGS ———	F11	TEENTH	I, LLC ————————			
2. (a)	2925 MALL HILL DR	(b)	2925 MA	LL HILL DR			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	,		Mailing address of l			y:
	LAKELAND, FL 33810	_	LAKELAND, FL 33810					
	06/10/2019		1	L19000145				
3.5. (a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.	_		Document num	ber		
, ,	Registered Agent and Registered Office shown on the records of t 230 Doris Drive	he Floric	la I	Ocpt. of Stat	te:			
	Registered Office Address (MUST BE FLORIDA STREET A	<u></u>	<u></u>	2024				
	Lakeland, FL_	33813			_		2024 NOY -5	Same
(b)	WALTER THOMAS, P.A.							m
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				_	.338E	PH 3:	C
	2549 Ryland Falls Drive					-11-5	7 -	
	NEW Registered Office Address:				_	`	•	
	Lakeland, FL_	33811			_			
changagent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	register bility e f the lir limited	red on nit lia	office an pany, it i ed liabilit bility con	nd the business of s hereby confirm ty company or as mpany.	Tice of the ed that the	registere change(:	d s)
Sign	ature of a member or mathorized representative of a member	Ch.	rist	opher Dob	terty Printed or typed no	ime of signee		
I here provis the oh to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	e to ac perform for in ereby c	t in tar Ch ton	n this cap ice of my apter 603 firm that	acity. I further a	gree to cor	noly with	the ocept filed en
Signati	are of Registered Agent							