L20000052688

(Req	uestor's Name)				
(Address)					
(Address)					
(City)	/State/Zip/Phon	e #)			
☐ PICK-UP	☐ WAIT	MAIL			
(Busi	iness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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10/03/24--01015--011 **2485.00







October 17, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS SIXTEENTH, LLC

Ref. Number: L20000052688

We have received your document for DOHERTY HOLDINGS SIXTEENTH, 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: 924A00022989

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporations			
SUBJE	DOHERTY HOLDINGS SIXT	EENTH. LLC		
.,0091.		Name of Limited I	iability Company	
Dear Sii	or Madam:			
The enc	losed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please r	eturn all correspondence concernir	ng this matter to the	following:	
Walter T	`homas			
-	Name of Person			
Walter 1	Thomas, P.A.		, V	202
	Firm/Company			
2549 Ry	dand Falls Srive		PACE TO SECURITION OF THE PACE TO SECURITION	2001 NOV -5 PM 3: 17
	Address			3
Lakelan	d, Florida 33811		UNITED TO STATE OF THE STATE OF	ب 1 :
	City/State and Zip Co	ode		1
walter@	walterthomaspa.com			
E-	mail address; (to be used for future	annual report noti	fication)	
For furt	her information concerning this ma	atter, please call;		
Walter 1	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	wing 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	une of the limited liability company: DOHERTY HOLI	DINGS		
2. (a)	2925 MALL HILL DR	_ (b) _	2925 MALL HILL DR
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LAKELAND, FL 33810		i.	LAKELAND, FL 33810
	02/20/2020		1.2	L20000052688
3. 5. (a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.		Document number
J. (11)	Registered Agent and Registered Office shown on the records of t	he Floric	la De	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	<u>IDDRES</u>	<u>(S)</u>	
	Lakeland FL	33813		
(b)	WALTER THOMAS, P.A			2024 NOV -5
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddre	ress:
	2549 Ryland Falls Drive			S PH 3:
	NEW Registered Office Address:			3: 17 E.F.C.
	Lakeland, FL_	33811		
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of seles of organization or the operating agreement of the l	register bility c f the lir	red c omp nite	I office and the business office of the registered appany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		Ch	risto	topher Doherty
I here provisi the obl to mere	ture of a member or authorized representative of a member 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 ely reflect a change in the registered office address. I h I in writing of this change.	re to ac perform for in ereby c	t in ianc Cha onfi	Printed or typed name of signee in this capacity. I further agree to comply with the accept function of the first and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been
	re of Registered Agent			