L20000109027

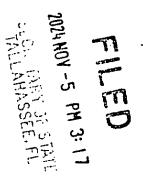
(R	equestor's Name)					
(Ac	ddress)					
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(C	ity/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

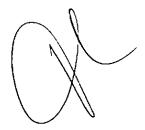
Office Use Only



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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 SEVENTEENTH, LLC

Ref. Number: L20000109027

We have received your document for DOHERTY HOLDINGS SEVENTEENTH, 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 of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call on (850) 245-6050.

Letter Number: 224A00023083

Wanite A Mills Regulatory Specialist II

www.sunbiz.org

D: : CO : DO DOV COOT TO U. I. DO COOL

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations DOHERTY HOLDINGS SEVENTEENTH, 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 940-4855 at (_ 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

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: DOHERTY HOL	DINGS	SEVENTEEN	STH, LLC		
2. (a)	2925 MALL HILL DR		(b) 2925 MALL HILL DR Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_				
	LAKELAND, FL 33810		LAKELA:	ND, FL 33810		
	04/23/2020		1.200001090	027		
3.5. (a	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.		Document numbe	r	
(**	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Flori	da Dept. of State	- e:		
	Registered Office Address <u>IMUST BE FLORIDA STREET</u>	ADDRE.	SS)	_	20	
	Lakeland F1	33813		-	2024 NOV -5	
(b)	WALTER THOMAS, P.A.				NOV-5 PH	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	111	
	2549 Ryland Falls Drive			_	FE -	
	NEW Registered Office Address:				ta 🗕	
	Lakeland	33811		-		
chang agent was/v	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li	red office and company, it is mited liability	d the business offices thereby confirmed y company or as of	ce of the registered I that the change(s)	
		Cl	iristopher Doh			
I hero provi: the of to me.	ature of a member or auth-mired refresentative of a member why accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete offigations of my position as registered agent as provided welly reflect a change in the registered office address, I is and in writing of this change.	ree to a perfori d for in hereby	et in this cape nance of my o Chapter 605 confirm that i	Printed or typed nam acity. I further agr duties, and I am fa. , F.S. Or, if this d the limited liability	ree to comply with the	
Signat	ure of Registered Agent					

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