## L20000279603

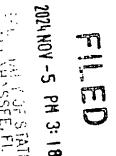
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

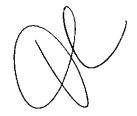
Office Use Only



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10/03/24--01015--011 \*\*2485.00







October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS NINETEENTH, LLC.

Ref. Number: L20000279603

We have received your document for DOHERTY HOLDINGS NINETEENTH, 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: 524A00023103

## COVER LETTER

	egistration Section vision of Corporations					
SUBJEC'	DOHERTY HOLDINGS NINE	TEENTH, LLC.				
		Name of Limited I	Liability Company			
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.			
Please reti	irn all correspondence concernir	ig this matter to the	following:			
Walter The	nnas					
	Name of Person		<del>_</del>			
Walter The	omas, P.A.					
	Firm/Company		···	•	~2	
2549 Rylai	nd Falls Srive			TANK THE	2024 NOV -5	
	Address		<del></del>		)- AC	CHILDREN CHILDREN
Lakeland,	Florida 33811			AHASSI	5 P)	m
	City/State and Zip Co	de	<del>_</del>	EE, F	PH 3: 18	O
walter@wa	alterthomaspa.com				8	
E-m	iil address: (to be used for future	annual report noti	fication)			
For furthe	r information concerning this ma	itter, please call:				
Walter The	omas	863 at (	940-4855			
	Name of Person		Area Code & Daytime Telephone N	lumber		
R D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303	10		
E	nclosed is a check for the follow	ving amount:				
3	\$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.	Na	me of the limited liability company: DOHERTY HOLD	INGS :	NI	NETEENT	H, L.L.C.			
2.	(a)	2925 MALL HILL DR	2925 MALL HILL DR (b)						
	,	Principal office address of limited hability company;  (Note: MUST BE STREET ADDRESS)	- '	,		Mailing address of limit (Note: MAY BE PO			-
		LAKELAND, FL 33810	_		LAKELAN	ND, FL 33810	··		
		09/15/2020	-	ı	20000279	603		<u>-</u>	-
3. 5	(a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.			Document number		_	
۷.	(41)	Registered Agent and Registered Office shown on the records of the 230 Doris Drive	e Florid	la I	Dept, of State	- ::			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>3)</u>		-			
		Lakeland FL_	3813				SEGI.	2024 NOV -	
(b)		WALTER THOMAS, P.A.					LAHASSE	V -5	Cartesia Cartesia
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ac	dd	ress;	-	Y OF	PH	M
		2549 Ryland Falls Drive					jm <sub>U</sub> ∏∑	ပ္ 1 <b>8</b>	O
		NEW Registered Office Address:				-	, 11.	00	
		Lakeland FL 3	3811			-			
cha ago wa	inge ent v s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister ility co the lin mited	ed on nit lia	l office and ipany, it is ed liability ibility com	I the business offic shereby confirmed y company or as otl apany.	e of the that the	registe chang	ered c(s)
_		ture of a member of authorized representative of a member	Chi	ris	opher Doh	erty  Printed or typed name	af siane		
1 k pro the to t	erel visi obl nere	by accept the uppointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided ely reflect a change in the registered office address. I he I'm writing of this change.	to ac erform for in ( reby c	et i. Gr Cr	n this capa ice of my a apter 605 firm that t	• •	-		rith the l accept ig filed been