L20000394719

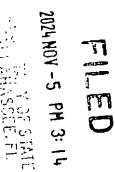
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Limils year form
CAIL SECTION

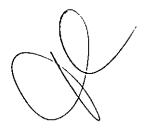
Office Use Only



800437456218

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







October 17, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS TWENTY SECOND, LLC

Ref. Number: L20000394719

We have received your document for DOHERTY HOLDINGS TWENTY SECOND, 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: 124A00022990

2024 NOV -5 PM 3:

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations								
DOHERTY HOLDINGS TWENTY SE SUBJECT:	ECOND, LLC	:						
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	: Change and	I fee(s) are submitted for filing.						
Please return all correspondence concerning this r	natter to the	following:						
Walter Thomas								
Name of Person								
Walter Thomas, P.A.								
Firm/Company								
2549 Ryland Falls Srive		TALLAHASSE						
Address		一 SSで						
Lakeland, Florida 33811		100 mm						
City/State and Zip Code								
walter@walterthomaspa.com								
E-mail address: (to be used for future annua	l report notif	fication)						
For further information concerning this matter, pl	ease call:							
Waiter 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 following ar	nount:							
■ \$25 Filing Fee	□ \$	□ \$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:	OHERTY HOLI	JINGS T	WE	NTY S	ECOND, LLC					
2. (a)	2925 MALL HILL DR	(b	(b) 2925 MALL HILL DR								
()	Principal office address of limited liabil (Note: MUST BE STREET ADD		`-	·		Mailing address of May 1		_	-	y:	
	LAKELAND, FL 33810		_	1.7	AKELA	AND, FL 33810			· ·		
	12/23/2020		_	L.20	000039	4719		· · · · · · · · · · · · · · · · · · ·			
 (a) 	Date of filing/registration in Fl WALTER THOMAS, P.A.	lorida	4.			Document nu	ımber				
J. (0)	Registered Agent and Registered Office shown 230 Doris Drive	on the records of th	he Florida	т Dep	ot, of Sta	ite:					
	Registered Office Address (MUST BE FLO	RIDA STREET A	DDRESS	Ù.		_			~`		
	Lakeland	, FL_	33813			_			2024 NOV -5	~~	
(b)	WALTER THOMAS, P.A.							AHA AHA	¥ -5		
11.7	Enter name of NEW Registered Agent and/or NEW Registered Office address:				_		HASSE	PH	m		
	2549 Ryland Falls Drive						TINE.	ယ္	O		
	NEW Registered Office Address:					_		' F	Ł		
	Lakeland	, FL_	33811			- 					
change agent v was/we	imited liability company is not organize or changes are made, the Florida street vill be identical. Or, in the case of a Flo- ere pathorized by an affirmative vote of cles of organization or the operating agr	address of the r rida limited lial the members of	registere bility co I the lim imited l	ed o mipa lited labi	ffice ar any, it i diabili	nd the business is hereby confi ty company or mpany.	office irmed t	of the re hat the cl	gistere hange(ed s)	
Signat	ture of a member or authorized representative of	a member				Printed or type	d name c	of signee	-		
provisi the obli to merc notified	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agily reflect a change in the registered off in writing of this change.	and complete p ent as provided	performa for in C	ınce Thai	r of my ner 60.	duties, and La 5. F.S. Or. if t	ım famı his doc	iliar with ument is	i and a being	ccept filed	