## L21000090590

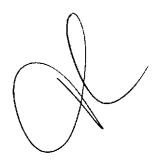
(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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Certified Copies Certificates of Status	_
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2024 NOV -5 PH 3: 14



October 17, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS TWENTY FOURTH, LLC

Ref. Number: L21000090590

We have received your document for DOHERTY HOLDINGS TWENTY FOURTH, 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: 024A00022992

## COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	DOHERTY HOLDINGS TWE	NTY FOURTH, LL	(·					
3000		Name of Limited Liability Company						
Dear Si	r or Madam;							
The end	closed Registered Agent/Registered	l Office Change an	nd fee(s) are submitted for filing.					
Please	return all correspondence concernir	ig this matter to the	e following:					
Walter	Thomas							
	Name of Person							
Walter	Thomas, P.A.							
	Firm/Company							
2549 R	yland Falls Srive			<b>2</b> 0				
-	Address	<del></del>	<del></del>	<b>124 NO</b>				
Lakelar	nd, Florida 33811			2024 NOV -5	د.,			
	City/State and Zip Co	ode						
walter@	) walterthomaspa.com			PH 3: 14 OF STATE SSEE, FL				
Е	-mail address: (to be used for future	e annual report not	ification)	ATE -				
For fur	ther information concerning this ma	atter, please call:						
Walter	Thomas	863 at (	940-4855 )					
	Name of Person		Area Code & Daytime Telepho	one 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, Suit Tallahassee, FL 32303	te 810				
	Enclosed is a check for the follow	wing amount:						
	■ \$25 Filing Fee	۵	\$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	ame of the limited liability company: DOHERTY HOL	DINGS	S T	WENTY FO	OURTH, LLC			
2. (a)	2925 MALL HILL DR		(b)	2925 MAI	LL HILL DR			
<b>-</b> . (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_				s of limited liabili **BE POST OFF.		
	LAKELAND, FL 33810	_		LAKELA	ND, FL 33810 	)		
	03/02/2021	<u> </u>			590			
3. 5. (a)	Date of filing/registration in Florida WALTER THOMAS, P.A.	4.	_		Document n	number		
(u)	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Flor	nda	Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	TALI	2024 NOV -	
	Lakeland , Ft	33813	,		-	AHAS	V -5	(2003) (2003)
(b)	WALTER THOMAS, P.A.				_	SSEE.	PH	M
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	FA.	<u>မှ</u>		
	2549 Ryland Falls Drive					i.	0.	
	NEW Registered Office Address:							
	Lakeland, FL	33811			-			
change agent v was/we	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members coles of organization of the operating agreement of the	registe shility of the li limited	erec cor imi d li	i office and upany, it is ted liability	d the busines s hereby cont y company o apany.	ss office of the firmed that the	regist chan	ered ge(s)
Signa	ture of a member or authorized representative of a member	_		<u> </u>	- <del></del>	ed name of signe	e	
provisi the obl to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide Ay reflect a change in the registered office address, I h I in writing of this change.	perfor Hör in	ma 1 C	nce of my 6 hapter 605	duties, ånd Le . F.S. Or. if :	am familiar w this document	ith an 'is bei	d accept ng filed
<b>EN</b>	e of Registered Agent							

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