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(Business Entity Name)				
(Document Number)				
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Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: DOC Properties LLC

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:

B. Elizabeth Interthal

Name of Person

EBI Law PLLC

Firm/Company

401 S Lincoln Ave

Address

Clearwater, FL 33756

City/State and Zip Code

einterthal@ebilegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

B. Elizabeth Interthal at 813 252-7787

Name of Person

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Area Code & Daytime Telephone Number

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 amount:

S25 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.

1. Na	me of the limited liability company: Doc Prop	erties	s LLC	
	100 S Ashley Dr Suite 600 Tampa, FL 3360	7 (t) 100 S As	hley Dr Suite 600 Tampa, FL 33607
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	_ `	M	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/04/2021	_)106084
3.	Date of filing/registration in Florida	4.	I	Document number
5. (a)	Margaret Broring			
	Registered Agent and Registered Office shown on the records of t 100 S Ashley Dr Suite 600	<u>. </u>		
	Registered Office Address (MUST BE FLORIDA STREET A	<u>1DDRESS</u>	2	the second se
	TampaFL	3360)7	THULL HINSSEL TIME
(b)	EBI Law PLLC			m e list
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dres <u>s</u> :	
	401 S Lincoln Ave			08
	<u>NEW</u> Registered Office Address:			
	ClearwaterFL	3375	6	
change agent w was/we he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	registere bility co f the lim	d office and mpany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in

MMH MMM Signature of a member or authorized representative of a member

Margaret Broring

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

<u> B. Elizabeth Interthal</u> Signature of Registered Agent

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