L23000363910

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

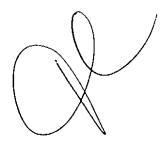
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2024 NOV -5 PM 3: 18





October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS FORTY FIFTH, LLC

Ref. Number: L23000363910

We have received your document for DOHERTY HOLDINGS FORTY FIFTH, 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: 024A00023100

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COVER LETTER

Division of Corporations			
DOHERTY HOLDINGS FORTY E	TETH, LLC		
Na:	me of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the	following:	
Walter Thomas			
Name of Person			
Walter Thomas, P.A.			707
Firm/Company	<u>. </u>		10
2549 Ryland Falls Srive			2024 NOV -5 PM 3: 18
Address			PH.
Lakeland, Florida 33811			3. 18
City/State and Zip Code			
walter@walterthomaspa.com			
E-mail address: (to be used for future an	nual report notif	ication)	
For further information concerning this matter	, please call:		
Walter Thomas	863 at (940-4855	
Name of Person	(Area Code & Daytime Telephone Num	ıber
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	g amount:		
■ \$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 HOL	LDINGS	FORT	Y FIFTH, LL	.C			
2. (a)	2925 MALL HILL DR	(29 (b)	25 MALL HII	LL DR			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LAKELAND, FL 33810			_	g address of li e: MAYBE I L 33810		•	
3,	08/02/2023 Date of filing/registration in Florida	— — 4.	L23		iment numb	oer		
5. (a)	WALTER THOMAS, P.A.							
•	Registered Agent and Registered Office shown on the records of 230 Doris Drive	the Florie	da Dept	. of State:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	SS)					
	Lakeland, F	L33813				; ^ !-	2024	
41.5	WALTER THOMAS, P.A.						NOW	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress	:		聖	ं क्ष	
	2549 Ryland Falls Drive					1388	2024 NOV -5 PM 3: 1	C
	NEW Registered Office Address:						7 - 6	
	Lakeland, F.	L_33811						
change agent w was/we	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members cles of organization or the organizing agreement of the	e register iability c of the lir	red of compar mited	fice and the l ny, it is herel liability com	business off by confirm pany or as	fice of the ed that the	registere change(ed (s)
		Ch	ristopi	ier Doherty				
I herel provisi the obl to merc	ture of a member of authorized representative of a member by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I I in writing of this change.	ree to ac e perforn ed for in hereby c	et in the nance Chapter confirt	is capacity.	ed or typed na I further ay , and I am J Or, if this nited liabili	gree to coi	mply wit	h the scoept filed ren
M	re of Registered Agent							