## L23000550915

(F	Requestor's Name)	
Δ)	Address)	
(A	Address)	
(0	City/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(E	Business Entity Nan	ne)
(C	Document Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

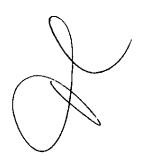
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October 18, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS FIFTY THIRD, LLC

Ref. Number: L23000550915

We have received your document for DOHERTY HOLDINGS FIFTY THIRD, 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.

Letter Number: 424A00023087

Wanite A Mills Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations DOHERTY HOLDINGS FIFTY THIRD, 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: Walter Thomas Name of Person Walter Thomas, P.A. Firm/Company 2549 Ryland Falls Srive Address Lakeland, Florida 33811 City/State and Zip Code walter@walterthomaspa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Walter Thomas Name of Person Area Code & Daytime Telephone Number Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

## 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.

l. Na	ime of the limited liability company:DOHERTY HOL	DINGS I	-11-	TY THIRE	), LLC			
2. (a)	2925 MALL HILL DR				L HILL DR			
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	``			failing address ( <u>Note: MAY</u>	<u>BE POST OF</u>		
	LAKELAND, FL 33810	_	-	LAKELAN	ID, FL 33810			
	12/14/2023	_	ī	.230005509	015			
3.	Date of filing/registration in Florida	4.	_	1	Document m	umber		
5. (a)	WALTER THOMAS, P.A.							
2. (u)	Registered Agent and Registered Office shown on the records of t 230 Doris Drive	the Florid	a D	ept, of State	:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					SECTION AND AND AND AND AND AND AND AND AND AN	2024 NOV - 5	च्यूम्ब <u>ी</u>
	Lakeland, FL	33813	-			LAHASSE	9- A0	
(b)	WALTER THOMAS, P.A.				388° 1888 1888	PH		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			<u>ess</u> :		3: F9		
	2549 Ryland Falls Drive					•		
	NEW Registered Office Address:							
	Lakeland, FL	33811						
change agent v was/we	imited 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- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registerability confidence of the lim	ed oni	office and pany, it is ed liability	the business hereby conf company or	s office of t irmed that (	he regi the cha	stered nge(s)
		Chr	ist	opher Dohe	•			
-	ture of a member or authorized representative of a member				Printed or type	_		
provisi the obl to mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided By reflect a change in the registered office address. I h I in writing of this change.	ee to act perform I for in C tereby co	t ir an Ch on,	i this capa ce of my d apter 605, firm that th	city. I furthe luties, and I c F.S. Or, if t he limited lia	er agree to um familiar this docume ubility comp	comply with a ent is bo oany ha	with the nd accept eing filed as been
	Tell Registered Agent							