L23000550930

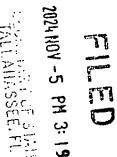
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PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Name)		
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Special Instructions to	Filing Officer:			
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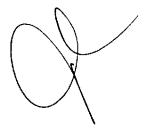
Office Use Only



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





October 17, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS FIFTY SECOND, LLC

Ref. Number: L23000550930

We have received your document for DOHERTY HOLDINGS FIFTY 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: 024A00023000

www.sunbiz.org

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	DOHERTY HOLDINGS FIFTY SECOND, LLC					
SUDIEC		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.			
Please re	turn all correspondence concerning	this matter to th	e following:			
Walter TI	homas					
	Name of Person					
Walter Ti	homas, P.A.					
	Firm/Company					
2549 Ryl	and Falls Srive					
	Address					
Lakeland	, Florida 33811		A :			
-	City/State and Zip Cod	le				
walter@v	walterthomaspa.com		ان کا ان			
E-n	nail address: (to be used for future	annual report not	dication)			
For furth	er information concerning this mat	ter, please call:	(सं			
Walter Ti	homas	863 at (940-4855			
	Name of Person	ar (Area Code & Daytime Telephone Number			
i I	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
I	Enclosed is a check for the follow	ing amount:				
į	S25 Filing Fee	0	\$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.

	ame of the limited liability company: DOHERTY HOLI 2925 MALL HILL DR	711103 1		MALL HILL DR
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) LAKELAND, FL 33810	_ (1)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) LAND, FL 33810
	12/14/2023		L23000.	550930
3. 5. (a)	Date of tiling/registration in Florida WALTER THOMAS, P.A.	4.		Document number
·. (a)	Registered Agent and Registered Office shown on the records of the 230 Doris Drive	he Florid	a Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>57</u>	2024 NOV -5 STALLAHA
	Lakeland . FL	33813		AHA
(b)	WALTER THOMAS, P.A.			V-5 PH 3: AHASSEE.F
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office at	<u>ldress</u> :	• FALL 9
	2549 Ryland Falls Drive NEW Registered Office Address:			
	Lakeland, FL	33811		
hange igent vas/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	register pility co other lin imited	ed office ompany, nited liab liability c	and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in company.
Signa	aure of a member or authorized representative of a member	— Chr	istopher I	Printed or typed name of signee
I here provis he ob o men notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address, I had in writing of this change.	ierform	ance of n	rapacity. I further agree to comply with the ny duties, and I am familiar with and accept