## L23000550966

(Re	equestor's Name)			
(Ac	idress)			
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(Ac	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
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Special Instructions to	Filing Officer			
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Office Use Only

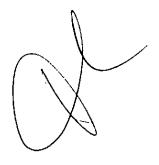


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TALLAHASSEE, FL

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2024

WALTER THOMAS 2549 RYLAND FALLS DRIVE LAKELAND, FL 33811

SUBJECT: DOHERTY HOLDINGS FIFTY FIRST, LLC

Ref. Number: L23000550966

We have received your document for DOHERTY HOLDINGS FIFTY FIRST, 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.  $\phi$ 

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: 124A00023616

www.sunbiz.org

## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	DOHERTY HOLDINGS FIFTY	FIRST, LLC				
(, (, 1), (,		Name of Limited 1	iability Company			
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.			
Please t	eturn all correspondence concerning	g this matter to the	following:			
Walter	Γhomas					
	Name of Person					
Walter	Thomas, P.A.					
	Firm/Company			t	ي	
2549 Ry	land Falls Srive				2024 NOV -5	4
	Address				₽ -	400
Lakelan	d, Florida 33811			AHASSEI	5 암	
	City/State and Zip Coo	le		mer.	4 3: 19	
walter@	walterthomaspa.com				19	
E-	mail address: (to be used for future	annual report noti	fication)			
For furt	her information concerning this ma-	tter, please call:				
Walter	<b>C</b> homas	863 at (	940-4855			
	Name of Person		Area Code & Daytime Telephone	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, Suite 8 Tallahassee, FL 32303	310		
	Enclosed is a check for the follow	ing amount:				
	■ \$25 Filing Fee		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 HOLE	JINGS I	FŒ	TY FIRST	LLC			
2. (a)	2925 MALL HILL DR	——						
2. (11)	Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)			Ņ	duiling address of lit (Note: MAYBE I VD, FL 33810		-	-
	LAKELAND, FL 33810	_	-	LAKULAN				
	12/14/2023	_	1.	.230005509	966			_
3.	Date of filing/registration in Florida	4.		,	Document numb	er		
5. (a)	WALTER THOMAS, P.A.	_						
, .	Registered Agent and Registered Office shown on the records of the 230 Doris Drive	he Florid	a D	lept, of State	::	<b>.</b> -}	20	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>S)</u>		•	TALLE	2024 NOV	·T
	Lakeland , FL	33813				AHASS	2	m
(b)	WALTER THOMAS, P.A.				_		PM 3:	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldr	ess:		٦. ا	9	
	2549 Ryland Falls Drive							
	NEW Registered Office Address:				•			
	Lakeland, FL	33811						
change agent v was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I	register bility co f the lin imited	ed om nito lia	office and pany, it is ed liability bility com	I the business of hereby confirmed company or as apany.	fice of the ed that the	regist chang	ered ge(s)
Signa	ture of a member or authoricare hesentative of a member	———	150	opher Dohe	Printed or typed na	me of signe	e e	
I here provisi the ohl to mero notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete past to the proper agent as provided ely reflect a change in the registered office address, I had in writing of this change.	erform for in (	an Ch	ce of my d apter 605.	icity. I further a luties, and I am J F.S. Or, if this	gree to co lamiliar w document	mply v ith and t is bei	l accept ng filed