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COVER LETTER

Division of Corporations
SUBJECT: 515 Deve lopment LLC Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anton Kuteyev Name of Person 515 Development UC Firm/Company
Firm/Company
13013 Seminole Blvd # 1103
LArgo FL 33778 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anton Kuteyeu at (813) 600-8230 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following 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. Name of the limited liability company: 515 Developn	nent LLC
	13 Seminole Blud#
	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
LArgo, FL 33728 LAT	go FL 33772
	
Feb 5th 2018	C 5385852429
Feb 5th 2018 C Date of filing/registration in Florida 4.	Document number
5. (a) Kuteyev Anton Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	
453 Harbor Dr N	-
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Indian Rows Beach	-
FL 337-85	
, 112	
(b) Anton Kuteyar	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	- , , , , , , , , , , , , , , , , , , ,
	27
	_ 'T :
NEW Registered Office Address:	<u> </u>
13013 Seminule Blud # 1103	- II II II III
LATGO 33778	
If the limited liability company is not organized under the laws of the State of Fl change or changes are made, the Florida street address of the registered office ar	in the photocopy of the reduceron
	S Helsely committee may me change(a)
was/were authorized by an affirmative vote of the members of the limited habitity cor	npany.
An to	Printed or typed name of signee
Support of a pentier or authorized representative of a member	Printed or typed name of signee
The second many and across to get in this car	acity. I further agree to comply with the
Thereby accept the appointment as positive a agent and agree to act it ons cap provisions of all standes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60 to merely reflect a chapter in the registered office address, I hereby confirm that	5, F.S. Or, if this document is being filed
to merely reflect a charge in the relistered office address, I hereby confirm that notified in writing of his charge.	те итича набину сотрану наѕ веен
Signature of Registered Agent	
Division of Corporations • P.O. Box 6327 • Tallah:	issee, FL 32314

FILING FEE: \$25.00