

L16000064767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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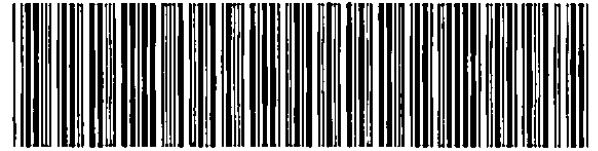
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Silicon Valley Tampa REIT 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:

Kai Deng

Name of Person

Silicon Valley Tampa REIT LLC

Firm/Company

301 W Platt Street, Suite 358

Address

Tampa, FL 33606

City/State and Zip Code

bj_banker@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kai Deng

Name of Person

at (858) 888-2576

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2019

KAI DENG
301 W. PLATT STREET
STE. 358
TAMPA, FL 33605

SUBJECT: SILICON VALLEY TAMPA REIT LLC
Ref. Number: L16000064767

We have received your document for SILICON VALLEY TAMPA REIT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00011998

RECEIVED

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SECRET

**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: Silicon Valley Tampa REIT LI

2. (a) ~~301 W Platt Street~~ (b) 301 W Platt Street

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

301 W Platt Street, suite 358 Tampa, FL 33606

4/1/2016

L16000064767

3. Date of filing/registration in Florida 4. Document number

5. (a) The Law offices of Nick Spradlin, PLLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2202 N. Westshore Blvd, suite 200

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33607

(b) Qu Chen

Enter name of NEW Registered Agent and/or NEW Registered Office address:

301 W Platt Street, Suite 358

NEW Registered Office Address:

Tampa, FL 33606

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]

Signature of a member or authorized representative of a member

KAI DENG

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00