

P19 000014586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

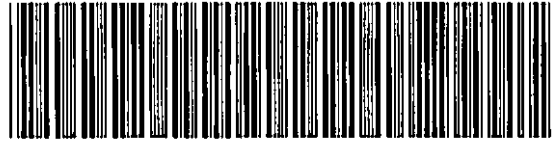
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Vecland Capital Corporation  
Name of Corporation

**DOCUMENT NUMBER:** P19000014586

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Veasti Ciunac

Name of Contact Person  
Vecland Capital Corporation

Firm/Company  
390 NORTH ORANGE AVENUE SUITE 2300

Address  
ORLANDO, FL 32801

City/State and Zip Code  
mymanager@veclandcapital.com

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

For further information concerning this matter, please call:

Veasti Ciunac at ( 212 ) 400 0699  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Veeland Capital Corporation  
2. The principal office address: 390 NORTH ORANGE AVENUE SUITE 2300 ORLANDO, FL 32801

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/12/2019 Document number: P19000014586

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS SUITE 400 FORT MYERS, FL 3390

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TOIN VENTURES LLC  
300 SE 2ND STREET SUITE 600 FT. LAUDERDALE, FL 33301

P.O. Box NOT acceptable

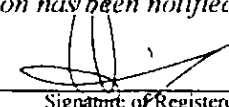
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Veasti Ciumac President & CEO  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

April 30, 2020  
Date

If signing on behalf of an entity:  
Veasti Ciumac  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314