

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000002330

Entity Name: LANDED, INC.

Current Principal Place of Business:

90 NEW MONTGOMERY, SET 1500
SAN FRANCISCO, CA 94105

Current Mailing Address:

90 NEW MONTGOMERY, SET 1500
SAN FRANCISCO, CA 94105 US

FEI Number: 47-4294135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DCEO
Name ASMIS, JONATHAN
Address 90 NEW MONTGOMERY, SET 1500
City-State-Zip: SAN FRANCISCO CA 94105

Title SD
Name LOFTON, ALEXANDER
Address 90 NEW MONTGOMERY, SET 1500
City-State-Zip: SAN FRANCISCO CA 94105

Title VP
Name ZHAO, JESSICA
Address 90 NEW MONTGOMERY, SET 1500
City-State-Zip: SAN FRANCISCO CA 94105

Title VP
Name KEARNS, ANGELA
Address 90 NEW MONTGOMERY, SET 1500
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name DENNIS, ALDA
Address 90 NEW MONTGOMERY, SET 1500
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name YANG, MICHAEL
Address 90 NEW MONTGOMERY, SET 1500
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name MAYNARD, CHARMELE
Address 90 NEW MONTGOMERY, SET 1500
City-State-Zip: SAN FRANCISCO CA 94105

Title D
Name BISLAT, BROOK
Address 90 NEW MONTGOMERY, SET 1500
City-State-Zip: SAN FRANCISCO CA 94105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEXANDER LOFTON

SECRETARY

04/21/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date