(Req	juestor's Name)		
bbA)	lress)		
(Add	lress)		
(City	/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
J. HORNE			
	JUN 14	2022	
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SECRETARY OF STATE
TALL ANASSET FILE.

TALLAHASSEE PRALIPAS

RECEIVED

•

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 732116 _ 8087058

AUTHORIZATION: Spelle Rena

COST LIMIT : \$35.00

ORDER DATE : June 8, 2022

ORDER TIME : 12:52 PM

ORDER NO. : 732116-165

CUSTOMER NO: 8087058

CHANGE OF AGENT

NAME: ZEALANDIA CAPITAL, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0502, age is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of NV			
1. The name of t	he corporation: ZEALANDIA CAPITAL, INC.				
	office address: One Vance Gap Road, As	heville, NC 28805			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 05/16/2008	Document number: F080000022	:30		
5. The name and	street address of the current registered ag tment of State: (If resigned, enter resigned	ent and registered office on file with th			
CORPORATE CREATIONS NETWORK INC. 801 US HIGHWAY 1			202 SI		
			022 JUN 13 SECRETAR)		
		13			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Corporation Service Company				
1201 Hays Street					
	NOT acceptable FL 32301				
	Tallahassee				
_	ess of its registered office and the street a be identical.				
Such change was authorized by the	is authorized by resolution duly adopted ne board, or the corporation has been noti	by its board of directors or by an offi fied in writing of the change.	cer so		
Signature of an officer or director		Jill Cilmi, Vice President			
		Printed or typed name and title			
I further agree i of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu of I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. Service Company	agree to act in this capacity, tes relative to the proper and complet cation of my position as registered ag registered office address, I hereby co	te performance vent. Or, if this onfirm that the		
<u></u>	- t-Kubly	06/10/2022			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
	Asst. Vice President				
.I.	yped or Printed Name				
	* * * FILING FEI	E: \$35.00 * * *			

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