4TH S	T N STE 300 SBURG, FL 33702 US			
bove na	amed entity submits this statement for the purpose of c	hanging its registered office or reg	gistered agent, or both, in the State of Florida	۱.
NATU	IRE:			
	Electronic Signature of Registered Agen	t		
cer/Di	irector Detail :			
	D, P	Title	т	
е	WALD, SAMUEL	Name	CABRERA, JENNIFER	
	ZOOA ATU OT NUOTE OOO		ZOOA ATU OT NOTE OOO	

ST. PETERSBURG, FL 33702

DOCUMENT# N2100008153

## **Current Mailing Address:**

7901 4TH ST N STE 300

7901 4TH ST N STE 300 ST. PETERSBURG. FL 33702

## FEI Number: 87-1646681

## Name and Address of Current Registered Agent:

Entity Name: COVID STORIES ARCHIVE, INC.

**Current Principal Place of Business:** 

REGISTERED AGENTS INC 7901 4 ST. PE

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WALD, SAMUEL

D, P

Date

Electronic Signature of Signing Officer/Director Detail

FILED Mar 07, 2023 Secretary of State 8282472243CC

Certificate of Status Desired: No

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

SIGN

The ab

Offic

Title Name 7901 4TH ST N STE 300 Address Address 7901 4TH ST N STE 300 City-State-Zip: ST. PETERSBURG FL 33702 ST. PETERSBURG FL 33702 City-State-Zip: Title S WALD, ELLEN Name Address 7901 4TH ST N STE 300 City-State-Zip: ST. PETERSBURG FL 33702