Name and Address of Current Registered Agent:					
CARTER, AMAR 591 WEST 36TH RIVIERA BEACH	STREET				
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				
Officer/Direc	tor Detail :				
Title		Title	<i>\</i> /		

Title	P	Title	V
Name	CARTER, AMARI T	Name	SHEA, EMILEE F
Address	591 WEST 36TH STREET	Address	4402 DAFFODIL CIRCLE NORTH
City-State-Zip:	RIVIERA BEACH FL 33404	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	0		
nue	0		
Name	MOORE, CHERYL L		
	-		

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: AMARI CARTER

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business:

Entity Name: SURVIVE FOUNDATION INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

1333 W 9TH STREET RIVIERA BEACH. FL 33404

DOCUMENT# N2100009018

Current Mailing Address:

591 WEST 36TH STREET RIVIERA BEACH. FL 33404 US

FEI Number: 87-1902224

امم ۷ ام - -. . . . Name

Certificate of Status Desired: No

PRESIDENT

09/22/2022

Date

Date