DOCUMENT	# 722815			Mar 06, 2018
Entity Name	: THE UNITED WAY OF OKALOOSA/WALTO	N COUNTIES	, INC.	Secretary of State
Current Prin	cipal Place of Business:			CC8201180879
112 TUPELO A				
FORT WALTON	I BEACH, FL 32548			
Current Mai	ling Address:			
112 TUPELC	) AVE			
FORT WALT	ON BEACH, FL 32548 US			
FEI Number: 59-0972293 Certif		Certificate of S	Status Desired: No	
Name and A	ddress of Current Registered Agent:			
OWEN, RICK T 112 TUPELO A' FT. WALTON B				
	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in	the State of Florida.
The above named		stered office or regis	tered agent, or both, in	the State of Florida. 03/06/2018
The above named	l entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in	
The above named	entity submits this statement for the purpose of changing its regis     RICK OWEN     Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in	03/06/2018
The above named	entity submits this statement for the purpose of changing its regis     RICK OWEN     Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in	03/06/2018
The above named SIGNATURE Officer/Diree	entity submits this statement for the purpose of changing its regis RICK OWEN Electronic Signature of Registered Agent Ctor Detail :			03/06/2018
The above named SIGNATURE Officer/Direc Title	I entity submits this statement for the purpose of changing its regis I Electronic Signature of Registered Agent Ctor Detail : IMMEDIATE PAST CHAIRMAN	Title	CHAIR	03/06/2018 Date
The above named SIGNATURE Officer/Direc Title Name Address	entity submits this statement for the purpose of changing its regis RICK OWEN Electronic Signature of Registered Agent Ctor Detail : IMMEDIATE PAST CHAIRMAN BRASSEL, BETTY	Title Name	CHAIR WOOD, ALAN 1502 EAST JOHN	03/06/2018 Date
The above named SIGNATURE Officer/Direc Title Name Address	I entity submits this statement for the purpose of changing its regis EICK OWEN Electronic Signature of Registered Agent Ctor Detail : IMMEDIATE PAST CHAIRMAN BRASSEL, BETTY 135 PERRY AVE.	Title Name Address	CHAIR WOOD, ALAN 1502 EAST JOHN	03/06/2018 Date
The above named SIGNATURE Officer/Direc Title Name Address City-State-Zip:	<ul> <li>I entity submits this statement for the purpose of changing its regis</li> <li>RICK OWEN</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>IMMEDIATE PAST CHAIRMAN</li> <li>BRASSEL, BETTY</li> <li>135 PERRY AVE.</li> <li>FORT WALTON BEACH FL 32548</li> </ul>	Title Name Address City-State-Zip:	CHAIR WOOD, ALAN 1502 EAST JOHN NICEVILLE FL 32	03/06/2018 Date

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: RICK OWEN

PRESIDENT/ CEO

City-State-Zip: FORT WALTON BEACH FL 32548

03/06/2018

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: FORT WALTON BEACH FL 32548

## FILED

Date