I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exec		
above, or on an attachment with all other like empowered.		
SIGNATURE: CHRIS BIECHLIN	PRESIDENT	02/19/2024

SIGNATURE: CHRIS BIECHLIN

Electronic Signature of Signing Officer/Director Detail

С V

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:

City-State-Zip: MARY ESTHER FL 32469

City-State-Zip: CRESTVIEW FL 32536-4346

S

Т Ν

WATSON, DARNELL

6001 APPALOOSA WAY

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	Ρ	Title	
Name	BIECHLIN, CHRIS	Name	
Address	1075 BLVD DA LA PARISENNE	Address	

DOCUMENT# N0900003086

Entity Name: OKALOOSA WALTON OFFICIALS ASSOCIATION, INC.

Current Principal Place of Business:

6001 APPALOOSA WAY CRESTVIEW, FL 32536

Current Mailing Address:

P.O. BOX 1639 CRESTVIEW. FL 32536 US

FEI Number: 59-3101444

Name and Address of Current Registered Agent:

WATSON, DARNELL SR. 6001 APPALOOSA WAY CRESTVIEW, FL 32536 US

A

Title

I here oath:

Name

Address

FILED Feb 19, 2024 Secretary of State 3144076344CC

Certificate of Status Desired: No

FLOYD, JEROME 8 BROOKS AVE City-State-Zip: FORT WALTON BEACH FL 32547

02/19/2024

Date

Date