32 WEST RENOIR RD DEFUNIAK SPRINGS, FL 32433				
Current Mailing Address:				
PO BOX 1569 DEFUNIAK SPRINGS, FL 32433 US				
FEI Number: 75-3058408			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
HAMMOND, JUSTIN ROBERT 1169 ALFORD RD PONCE DE LEON , FL 32455 US				
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: JUSTIN HAMMOND 01/09/20.				
SIGNATURE			(01/09/2023
SIGNATURE	Electronic Signature of Registered Agent		(01/09/2023 Date
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent		(
	Electronic Signature of Registered Agent	Title	SECRETARY	
Officer/Dire	Electronic Signature of Registered Agent	Title Name	-	
Officer/Dire	Electronic Signature of Registered Agent ctor Detail : PRESIDENT		SECRETARY	
Officer/Dire Title Name	Electronic Signature of Registered Agent ctor Detail : PRESIDENT HAMMOND, JUSTIN ROBERT 1169 ALFORD RD	Name	SECRETARY FIELDS, CARRIE PO BOX 1569	
Officer/Dire Title Name Address	Electronic Signature of Registered Agent ctor Detail : PRESIDENT HAMMOND, JUSTIN ROBERT 1169 ALFORD RD	Name Address	SECRETARY FIELDS, CARRIE PO BOX 1569	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : PRESIDENT HAMMOND, JUSTIN ROBERT 1169 ALFORD RD PONCE DE LEON FL 32455	Name Address City-State-Zip:	SECRETARY FIELDS, CARRIE PO BOX 1569 DEFUNIAK SPRINGS FL 32433	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : PRESIDENT HAMMOND, JUSTIN ROBERT 1169 ALFORD RD PONCE DE LEON FL 32455 VP	Name Address City-State-Zip: Title	SECRETARY FIELDS, CARRIE PO BOX 1569 DEFUNIAK SPRINGS FL 32433 TREASURER	

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: JUSTIN HAMMOND

PRESIDENT

01/09/2023

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17037

Entity Name: WALTON YOUTH ATHLETICS, INC.

Current Principal Place of Business:

FILED Jan 09, 2023 **Secretary of State** 5464636925CC

Date