

N29336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

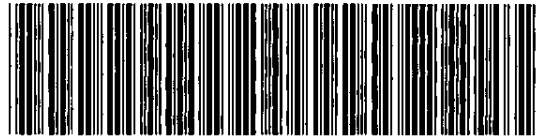
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*Amend MC  
Tlews  
2-11-09*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Okaloosa-Walton College Foundation, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N29336

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Utley

(Name of Contact Person)

Northwest Florida State College

(Firm/Company)

100 College Boulevard

(Address)

Niceville, FL 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

Donna Utley

(Name of Contact Person)

at ( 850 ) 729-5357

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Okaloosa-Walton College Foundation, Inc.  
(Name of Corporation as currently filed with the Florida Dept. of State)

N29336

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

Northwest Florida State College Foundation, Inc.

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

100 College Boulevard

Niceville, FL 32578

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Donna Utley

New Registered Office Address:

100 College Boulevard

(Florida street address)

Niceville

(City)

Florida 32578  
(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
Signature of New Registered Agent if changing

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TALLAHASSEE, FLORIDA

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Ms.</u>	<u>Esteena Wells</u>	<u>92 Hillcrest Way</u>	<input type="checkbox"/> Add
		<u>DeFuniak Springs FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32433</u>	
<u>Ms.</u>	<u>Sandy Sims</u>	<u>140 Hollywood Blvd</u>	<input checked="" type="checkbox"/> Add
		<u>Ft. Walton Beach FL</u>	<input type="checkbox"/> Remove
		<u>32548</u>	
<u>          </u>	<u>                        </u>	<u>                        </u>	<input type="checkbox"/> Add
		<u>                        </u>	<input type="checkbox"/> Remove

(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: 1/20/2009

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated January 20, 2009

Signature Lori Kelley  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Lori Kelley  
(Typed or printed name of person signing)

President  
(Title of person signing)