**Entity Name:** UNITED WAY OF NORTHWEST FLORIDA, INC.

**Current Principal Place of Business:**
602 HARRISON AVENUE
SUITE 3
PANAMA CITY, FL 32401

**Current Mailing Address:**
P.O. BOX 586
PANAMA CITY, FL 32402

**FEI Number:** 59-0863698

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**
LITTLETON, GINA
602 HARRISON AVENUE
SUITE 3
PANAMA CITY, FL 32401 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:** GINA LITTLETON 04/19/2022

**Officer/Director Detail:**

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Address</th>
<th>City-State-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>LITTLETON, GINA</td>
<td>P.O. BOX 586</td>
<td>PANAMA CITY FL 32402</td>
</tr>
<tr>
<td>CHAIRMAN</td>
<td>CLARK, IRVIN DR.</td>
<td>P.O. BOX 586</td>
<td></td>
</tr>
<tr>
<td>TREASURER</td>
<td>SANCHEZ, ZACH</td>
<td>P.O. BOX 586</td>
<td>PANAMA CITY FL 32402</td>
</tr>
</tbody>
</table>

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:** GINA LITTLETON 04/19/2022

**EXECUTIVE DIRECTOR** 04/19/2022