

L10000034760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

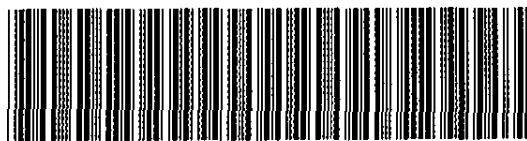
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600188822526

(C)

FEL # ADDRESS  
change  
KRB  
2-2

# Fax

**To:** Kelly White & Associates Insurance LLC **From:** MyFax - Kelly White & Associates  
Insurance, LLC

**Fax:** 18502456897 **Pages:** 1

**Re:** **Date:** Feb 02, 2011

**Urgent**

**For Review**

**Please  
Comment**

**Please Reply**

**For  
Information**

● **Comments:**

Attn: Karen Gibson

Please update my FEIN# to read: 27-2231780

Physical address: 2950 Halcyon Lane, STE 205  
Jacksonville, FL 32223

Mailing address: P.O. Box 6340  
Jacksonville, FL 32236

Thank you in advance for your assistance.

Kelly White, CRIS

Kelly White & Associates Insurance, LLC

P.O. Box 6340

Jacksonville, FL 32236-6340

p 904.880.8881

f 904.239.5443

c 904.553.5189

[www.kwhiteinsurance.com](http://www.kwhiteinsurance.com)

<http://www.linkedin.com/in/kellywhiteinsurance/>

Confidentiality Notice: This message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure, or distribution is strictly prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.