## P070000 39304

11.55

(R	equestor's Name)		•		
	44				
(A	ddress)	•			
(A	ddress)				
(C	ity/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
		٠			
(B	usiness Entity Nam	e) .	<del>:</del>		
			:		
· (D	ocument Number)		<del>-</del>		
			:		
Certified Copies Certificates of Status					
		; ;			
Special Instructions to	Filing Officer:				
			1		

Office Use Only



800160172718

09/17/09--01015--017 \*\*35.00

O9 SEP 17 PM 3: 0;
SECRETARY OF STATE
TALL AHASSEE FINAL



## COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: State Farms Financial, Inc (FicticNm: Whitelight Financial) Name of Corporation DOCUMENT NUMBER: P07000089304 (FicticNm:G08253900264) The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffery M Smith Name of Contact Person State Farms Financial, Inc. Firm/Company P.O. Box 150882 Address Jacksonville, FL 32215-0882 City/State and Zip Code customerservice@whitelightfinancial.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeffery M Smith 877 378-3593
Area Code & Daytime Telephone Number Name of Contact Person 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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo d under the laws of the State d agent, or both, in the State	e of Florida		
1. The name of t	the corporation: State	Farms Financ	cial, Inc.			
2. The principal	office address: Ficticou	is Name Entity:	Whitelight Financial S	Services		
9348 Coxy	vell Lane, Jacksonv	ille, FL 32221				
3. The mailing a	ddress (if different): Fic	ticous Name Ei	ntity: Whitelight Financ	cial Services		
P.O. Box	150882, Jacksonvi	lle, FL 32215-0	882			
4. Date of incorp	ooration/qualification:	08/01/2007	Document number:	P07000089304		
	street address of the cur tment of State: (If resign		nt and registered office on fi	le with the		
	Barbara M Crager					
	7855-204 Argyle Forest Blvd					
	Jacksonville, FL 32	244		_		
6. The name and (if changed):	I street address of the nev	v registered agent (	if changed) and /or registere	FILED PH 3: 03 TALLAHASSEE, FLORIT JACLAHASSEE, FLORIT		
	Jeffery M Smith			- ET		
	9348 Coxwell Lane					
	Jacksonville, FL 32	P.O. Box NOT ac	cceptable	OS LORIE		
The street addre	ess of its registered office		dress of the business office	e of its registered agent,		
Such change wa authorized by the	as authorized by resolutine board, or the corporat	on duly adopted b ion has been notif	y its board of directors or lied in writing of the chang	by an officer so e.		
Backgrand	re of an officer or director	pu_	Barbara M Crage Printed or typed name			
of my duties, an document is bei	to comply with the provi	sions of all statute d accept the obliga t a change in the r	agree to act in this capacit is relative to the proper an ation of my position as reg registered office address, I	d complete pertormance		
	zw.		09-08-2	009		
1.	Ature of Registered Agent		Date			
It signing on be	half of an entity:					
Т	yped or Printed Name					

\* \* \* FILING FEE: \$35.00 \* \* \*