

P070000 89304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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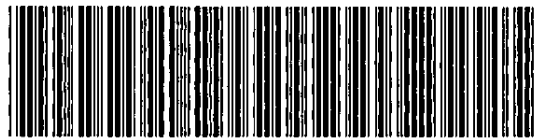
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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9/18/09
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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 at (877) 378-3593
Name of Contact Person 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

