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12322029573 From Kimberly Laughlin

12/8/2017

Division of Corporations

F 0300002514

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Fax Number : (850)617-6380

From:
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Account Number : FCA000000023
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Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE SCIBAL ASSOCIATES, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCIBAL ASSOCIATES, INC.
Name of Corporation

DOCUMENT NUMBER: F03000002514

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:

Susan Metrow
Name of Contact Person

Cigna Corporation
Firm/Company

1601 Chestnut St., TL7LF, Two Liberty Place
Address

Philadelphia, PA 19192
City/State and Zip Code

Susan.Metrow@Cigna.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Metrow at (215) 761-2220
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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New Jersey in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: SCIBAL ASSOCIATES, INC.
- 2. The principal office address: 100 Decadon Drive, Egg Harbor Township, NJ 08234
- 3. The mailing address (if different): 100 Decadon Drive, Egg Harbor Township, NJ 08234
- 4. Date of incorporation/qualification: 05/16/2003 Document number: F03000002514

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

McLaughlin, ROBERT
 Qual-Lynx
 1301 Riverplace Boulevard, Suite 2120, Jacksonville, FL 32207

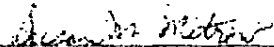
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CT Corporation System
 c/o CT Corporation System, 1200 South Pine Island Road
 P.O. Box 9071 acceptable
 Plantation, Florida 33324

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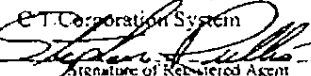
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

Susan M. Metrow, Assistant Secretary
 Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: 
 Signature of Registered Agent

12/08/2017
 Date

If signing on behalf of an entity:
 Stephen Rullis, Asst. Secretary
 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)