

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 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. \*\*

Email Address:

## REGISTERED AGENT CHANGE SCIBAL ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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## **COVER LETTER**

TO:	Antendment Section Division of Corporations		
SUBJ	ECT: SCIBAL ASSOCIATES, INC.		
	Name of Corporation		
DOC	F03000002514 DMENT NUMBER:		
The er	closed 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 Chestrut St., TL7LF, Two Liberty Place Address			
	City/State and Zip Code		
	Susan.Metrow@Cigna.com		
	E-mail address: (to be used for future annual report notification)		
For fur	ther information concerning this matter, please call:		
Susan ?	Matrow 215 761-2220		
•	Name of Contact Person		
Enclos	ed is a \$35.00 check made payable to the Department of State.		
	Malling 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		

CR2E645 (03/12)

12122023573 From; Kimberly Laughrey

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

statement of cha	inge is submitted for a corporate	ion organized under the laws of the State of New Jersey or registered agent, or both, in the State of Florida.
	the corporation: SCIBAL ASSOC	
2. The principal	office address: i00 Decadon Dri	ive, Egg Herbor Township, NJ 08234
		on Drive, Egg Harbor Township, NJ 08234
4. Date of incorp	poration/qualification: 05/16/20	03 Document number: F03000002514
	d street address of the current re- rtment of State: (If resigned, ent	gistered agent and registered office on file with the ter resigned)
	McLaughlin, ROBERT	
	Qual-Lynx	2017
	1301 Riverplace Boulevard, Suit	te 2120, Jacksonville, Ft. 32207
6. The name and (if changed):	d street address of the new regist	stered agent (if changed) and for registered office
	CT Corporation System	
	c/o C T Corporation System, 120	
	P.O. Box NOT acceptable	
	Plantation, Florida 33324	The state of the s
		the street address of the business office of its registered agent,
		y adopted by its board of directors or by an officer so seen notified in writing of the change.
	س ما ما کان اور در	Susan M. Metrow, Assistant Secretary  Printed or typed pame and rule
	• • • • • • • • • • • • • • • • • • • •	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered ily to reflect a change in the registered office address, I notified in writing of this change.
enco:	poration System	12/08/2017
By:	nature of Replaced Agent	Date
	half of an entity: Asst. Secretary	
· · · · · · · · ·	yped 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)