4/26/2016 3:43:45 PM From: To: 8506176380(1/3)



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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (850)205-8842

Phone : (850)205-8842 Fax Number : (850)878-5368

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

ease. R

Email Address:

REGISTERED AGENT CHANGE TIDGEWELL ASSOCIATES, INC.

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APR 27 2016

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT:			
	Name of Corporation			
DOC	JMENT NUMBER: F10000004730			
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
	Judy Bellamy-Woodford			
	Name of Contact Person			
	Anthem, Inc.			
Firm/Company				
	4425 Corporation Lane			
	Address			
	Virginia Beach, VA 23462			
	City/State and Zip Code			
	Judy.Bellamy-Woodford@anerigroup.com			
	E-mail address: (to be used for future annual report notification)			
For fur	ther information concerning this matter, please call:			
Ja m i J.	Meister 317 488-6277			
	Name of Contact Person Area Code & Daytime Telephone Number			
Enclose	ed 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

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CR2E045 (03/12)

PLOBA - 05/21/2013 Walters Chaver Unime

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

	provisions of sections 607.0502, 617.03 ange is submitted for a corporation orgi			
	er to change its registered office or regi			
1. The name of	the corporation: Tidgewell Associates, In	е.		
2. The principa	l office address: 4029 CHESAPEAK DRI	VE. EDGEWATER, MD 21037		
_	address (if different): 120 Monument Circ lis, IN 46204	:le		
4. Date of incom	poration/qualification: 10/25/2010	Document number: F1000	10004730	
	d street address of the current registered rtment of State: (If resigned, enter resign		with the	
	NRAI SERVICES, INC		_	
	1200 South Pine Island Road			
	Plantation, FL 33324		_======================================	
6. The name an (if changed):	d street address of the new registered ag	ent (if changed) and /or registered	The second	
	C T Corporation System		26 887 (∯ (2*32!
	c/o C T Corporation System, 1200 South	Pine Island Road		E-12.
	P.O. Box. NO	T acceptable		Wast.
•	Plantation, Florida 33324	·	- 学程 - ピ	
The street addr	ess of its registered office and the street be identical.	t address of the business office of	fits registered agen	it,
Such change wanthorized by t	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of directors or by a otified in writing of the change.	in officer so	
A A	My Tran	Kathleen S. Kiefer		
hereby accept I further agree performance of agent. Or, if th hereby confirm	the applicator any form of the appointment as registered again an to comply with the provisions of all sad in any duties, and I am familiar with and is document is being filed merely to refithat the corporation has been notified	Printed or typed name and agree to act in this capucity, tutes relative to the proper and caccept the obligation of my postitues a change in the registered of in writing of this change.		
	poration System	4/26/16		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
	rnadette Baker			
Ast	istant Secretary * * * FILING FF	CE: \$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)