2/23/2017



Florida Department of State

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To:

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Account Name

: C T CORPORATION SYSTEM

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Phone Fax Number

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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 HEALTHSPRING I, INC.

Certificate of Status	0
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C MCNAIR



COVER LETTER

SUBJECT:	ALTHSPRING, INC. Name of Co	progration
	Thurst of Ch	, porture i
DOCUMENT	NUMBER;	
The enclosed S	tatement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return al	l correspondence concerning this matter	to the following:
	Susan M. Metrow	
	Name of Con	tact Person
	Cigna Corporation	
	Firm/Co	mpany
	1601 Chestnut Street, Two Liberty Place,	T1.71.F
	Addr	
	Philadelphia, PA 19192	
	City/State and	l Zip Code
	Susan.Metrow@Cigna.com	
	E-mail address: (to be used for fu	ture annual report notification)
For further info	rmation concerning this matter, please co	all:
Susan Metrow		215 761 2220
1	Name of Contact Person	_at () Area Code & Daytime Telephone Numb
Enclosed is a \$3	5.00 check made payable to the Departm	nent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

Tallahassee, FL 32314

12122023573 From: Kimberly Laughrey

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State change is submitted for a corporation organized under the laws of the State of $\frac{Dela}{C}$	
in or	order to change its registered office or registered agent, or both, in the State of Flori	da.
1. The name of	of the corporation: HEALTHSPRING, INC.	
2. The princip	ipal office address: 2900 N LOOP W STE 1300 HOUSTON, TX 77092	
3. The mailing	ng address (if different):	
, · ·		
4. Date of inco	corporation/qualification: 3/12/2008 Document number: F08000001333	7
	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)	e .
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301-2525	. 9
6. The name a (if changed)	and street address of the new registered agent (if changed) and /or registered office d): C T Corporation System	17 FEB 23
	c/o C T Corporation System, 1200 South Pine Island Road	PH .
	P.O. Box NOT acceptable	9
	Plantation, Florida 33324	**
The street add as changed wi	dress of its registered office and the street address of the business office of its regi vill be identical.	stered agent,
,	was authorized by resolution duly adopted by its board of directors or by an office y the board, or the corporation has been notified in writing of the change.	r so
Susan	M-Metrow SUSAN M-METROW AS.	ST. SEC.
I hereby accep I further agree performance o agent. Or, if it hereby confirm	ept the appointment as registered agent and agree to act in this capacity, bee to comply with the provisions of all statutes relative to the proper and complete of my dulies, and I am familiar with and accept the obligation of my position as re This document is being filed merely to reflect a change in the registered office add rm that the corporation has been notified in writing of this change.	
C T Co By:	Corresponding System C 2 - 23 - 2017	
	Signature of Registered Agent Dute	 .
Spe	behalf of an entity: .Madonna Cuddihy ecial Assistant 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)