## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

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Alison Lundergan Grimes
KY Secretary of State
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Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## **Statement of Change of Principal Office Address**

**POC** 

**PPOC** 

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the principal office on behalf of

## CIGNA DENTAL HEALTH OF KENTUCKY, INC.

which is organized in the state of Kentucky, and for that purpose submits the following statements:

1. Address of current principal office	2. Principal office is hereby changed to:
1571 SAWGRASS CORPORATE PARKWAY SUNRISE, FL 33323	1571 SAWGRASS CORPORATE PARKWAY SUITE 140 SUNRISE, FL 33323

3. Signature of officer or chairma	n of the board
Traci Houck, PO	DA A
Signature and Title	
Type or print name and t	itle
6/15/2016 9:45 I	PM OF N
Date	