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To:

Division of Componations

Fax Number : (950)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: 12000000195

Phone : (850) 521-1000

Fax Number

: (850) 558-1515

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

## REGISTERED AGENT CHANGE UNIFICARE, LTD.

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## 2010 MAR 16 AM 8:

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

I. UNIFICARE, LTE	>			
Na	me of Limited Par	tnership or Limited Lia	bility Limited Partners	hip
2. 3/20/2002	3 B02000000to2			
Date of filing	Date of filing/registration in Florida Florida d		Florida docum	ent number
4. The name of the re Department of State:	gistered agent and	the registered office ad	dress as shown on the	records of the Florida
	CT Corporation	system		
	· · · · · · · · · · · · · · · · · · ·	Name		•
	1200 South Pine	Island	•	Āς
		Address		· FR
	Plantation, FL 33	324		AR
		City, State and Zip		ASTA
5. The name and Flor	ida street address o	of the new registered ag	ent and/or office:	SEE
	Corporation Serv	rice Company		<u> </u>
,		. Name		STATE
	1201 Hays Street			87
	Florida str	eet address (P.O. Box n	ot acceptable)	<b>&gt;</b>
•	Tallahassee	•	FL 32301	
		City, State and Zip		
6. Sugh change(s) is/s	are effective when	filed by the Florida Der	partment of State.	
Signature of General I	Partner Partner Fact on bef	Jalf of Justice Benefits,	Inc., G.P.	
I hereby accept the ap	pointment as regis	tered agent and agree :	o act in this copacity.	
camply with the provis and I am familiar with Corporation Service ( By: Signature of Registers	an accept the oblicements	relative to the proper of gations of my position of	ınd complete performa zs registered agont.	nce of my duties,
Sylvia Queppet, Arsista	nt Vice President			
Filing Fee: Certified Copy (o	\$35. ptional); \$52.			
Commen Chby (a	Printial). 224.	U		