

M110000001442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200290269842

16 SEP 21 AM 8:11  
SEC. OF STATE  
FALL APPELLATE  
FALL APPELLATE

09/19/16--01007---007 \*\*25.00

SEP 22 2016  
J. HARRIS

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DEPARTMENT OF STATE  
16 SEP 19 AM 11:28

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: 9-19-16

- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING Amendment \_\_\_\_\_

1. Ride Plus, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIDE PLUS, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA RICHARDS

Name of Person

REGISTERED AGENT SOLUTIONS, INC.

Firm/Company

1701 DIRECTORS BLVD.; SUITE 300

Address

AUSTIN, TX 78744

City/State and Zip Code

N/A

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA RICHARDS

Name of Person

at ( 888 ) 705-7274

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*Corrected*

September 21, 2016

CORPORATE ACCESS

SUBJECT: RIDE PLUS, LLC  
Ref. Number: M11000001442

FILED  
16 SEP 21 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RIDE PLUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00020098

RECEIVED  
16 SEP 21 PM 2:22  
TALLAHASSEE  
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2016

CORPORATE ACCESS

SUBJECT: RIDE PLUS, LLC  
Ref. Number: M11000001442

16 SEP 21 AM 8:11  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for RIDE PLUS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 716A00020098

*Corrected*

RECEIVED  
16 SEP 20 PM 3:00  
TO: ADMINISTRATIVE  
SUFFICIENCY OF FILING

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: RIDE PLUS, LLC

Enter new principal office address, if applicable: Ride Plus, LLC

(Principal office address

MUST BE A STREET ADDRESS)

8600 NW 36th Street

Doral, FL 33166

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

LogistiCare Solutions, LLC

1275 Peachtree Street NE, 6th FL

Atlanta, GA 30309

2. The Florida document number of this limited liability company is: M11000001442

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 03/18/2011

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_

(must contain "Limited Liability Company," "L.L.C." or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Registered Agent Solutions, Inc.

New Registered Office Address: 155 Office Plaza Drive, Suite A

Enter Florida Street Address

Tallahassee

Florida 32301

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change*

Adam Saldana, Asst Sec  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRESIDENT	Herman Schwarz	275 PEACHTREE STREET, 6TH FLOOR ATLANTA GA 30309	<input checked="" type="checkbox"/> Add
		Herman Schwarz - Vice President	<input checked="" type="checkbox"/> Remove
SECRETARY	David Shackelton	44 E. Broadway Blvd., Suite 350 Tucson, AZ 85701	<input checked="" type="checkbox"/> Add
		Robert E Wilson - Secretary	<input checked="" type="checkbox"/> Remove
TREASURER	David Shackelton	44 E. Broadway Blvd., Suite 350 Tucson, AZ 85701	<input checked="" type="checkbox"/> Add
		Robert E Wilson - Treasurer	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
		Warren S Rustand - Chairman	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Albert Cortina, Vice President

9/16/2016  
Typed or printed name of signee

Filing Fee: \$25.00

16 SEP 21 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA