

1799000001485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

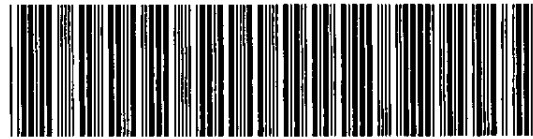
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORP. SERVICES  
12 JUL 23 PM 12:27

JUL 24 2012

T. HAMPTON

July 16, 2012

**VIA US MAIL**

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **LogistiCare Solutions, LLC.**

Dear Sir or Madam:

On behalf of the above-referencèd corporation, enclosed please find the following for filing with the Florida Secretary of State:

1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
2. \$35 \$25 LLC to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

*R.E.*

Ryan Ermis  
REGISTERED AGENT SOLUTIONS, INC.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LOGISTICARE SOLUTIONS, LLC

2. (a) Principal office address of limited liability company: 1275 PEACHTREE STREET

(Note: **MUST BE STREET ADDRESS**)

6TH FLOOR  
ATLANTA GA 30309

(b) Mailing address of limited liability company: 400 EAST MAIN STREET

(Note: **MAY BE POST OFFICE BOX**)

SUITE 200  
CHARLOTTESVILLE VA

09/22/1999  
3. Date of filing/registration in Florida

M99000001485  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: C T CORPORATION SYSTEM

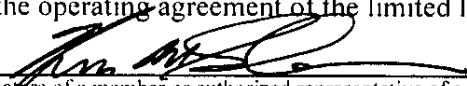
Registered Office Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Registered Agent Solutions, Inc.


**NEW** Registered Office Address: 155 Office Plaza Dr.  
**(MUST BE FLORIDA STREET ADDRESS)** Suite A  
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Signature of a member or authorized representative of a member

Herman M Schwarz  
Printed or typed name of signee

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 608, 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.

  
Signature of Registered Agent

Art Flores, Asst. Secretary

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 23 2009

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00