

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Home Healthcare Partners		01/21/2014	LIMITED LIABILITY COMPANY: DELAWARE
RECEIVING PARTY DATA			
Name:	CareCycle Solutions		
Street Address:	3406 Main Street		
City:	Dallas		
State/Country:	TEXAS		
Postal Code:	75226		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4032770	CARECYCLE SOLUTIONS	
CORRESPONDENCE DATA			
Fax Number:	2146983020		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	cbenjamin@carecyclesolutions.net		
Correspondent Name:	Courtney Benjamin		
Address Line 1:	3406 Main Street		
Address Line 4:	Dallas, TEXAS 75226		
NAME OF SUBMITTER:	Courtney Benjamin		
Signature:	/Courtney Benjamin/		
Date:	01/21/2014		
Total Attachments: 2 source=HHP to CCS#page1.tif source=HHP to CCS#page2.tif			

OP \$40.00 4032770

Delaware

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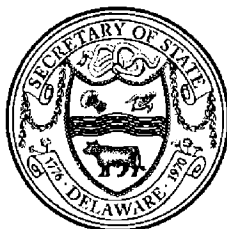
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "HOME HEALTHCARE PARTNERS, LLC", CHANGING ITS NAME FROM "HOME HEALTHCARE PARTNERS, LLC" TO "CARECYCLE SOLUTIONS, LLC", FILED IN THIS OFFICE ON THE TENTH DAY OF OCTOBER, A.D. 2011, AT 2:08 O'CLOCK P.M.

3684316 8100

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9082264

DATE: 10-10-11

TRADEMARK
REEL: 005197 FRAME: 0062

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
TO THE
CERTIFICATE OF FORMATION
OF
HOME HEALTHCARE PARTNERS, LLC

The undersigned, desiring to amend the Certificate of Formation of Home Healthcare Partners, LLC (the "Company"), does hereby certify as follows:

FIRST: The name of the Company is Home Healthcare Partners, LLC.

SECOND: The Certificate of Formation of the limited liability company is hereby amended to change the name of the Company to CARECYCLE SOLUTIONS, LLC.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment to the Certificate of Formation as of the 23th day of September, 2011.

HOME HEALTHCARE PARTNERS, LLC

By: 
Name: S. Wayne Bazzle, Manager

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