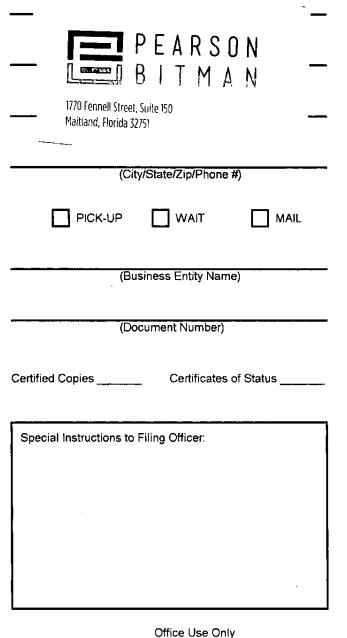
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K. SALY EXAMINER JUL 2 4 2013



July 3, 2013

PEARSON BITMAN 1770 FENNELLI ST. STE. 150 MAITLAND, FL 32751

SUBJECT: MEDCYL SERVICES, LTD.

Ref. Number: A98000000422

We have received your document for MEDCYL SERVICES, LTD. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the dissociating general partner unless the document states the general partner is deceased or a guardian or general conservator has been appointed or the general partner previously filed a Statement of Dissociation with the Florida Department of State.

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) 245-6870.

Letter Number: 113A00016529

Karen A Saly Regulatory Specialist II

www.sunbiz.org

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

FILED
13 JUL 22 PM 2: 33
SECRETARY OF STATE TALLAMASSEE, FLORIDA

MedCyl S	Services, L	_td.
Insert name currently on fil	e with Florida D	Department of State
Pursuant to the provisions of section 620.1202, Flimited liability limited partnership, whose certific February 13, 1998, assigned Floadopts the following certificate of amendment to	cate was filed rida document	I with the Florida Department of State on at numberA9800000422,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	mited partner	rship or limited liability limited partnershi
New name must be distinguish	able and contain	n an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnersh Acceptable Limited Liability Limited Partnership suffixes: I		
B. If amending mailing address and/or princip principal office address here:	pal office add	dress, enter new mailing address and/o
New Principal Office Address: (Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registonew registered agent and/or the new registered office		
Name of New Registered Agent:		
New Registered Office Address:	Futer	r Florida street address
	Eiller	
	City	, Florida 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.

<u>itle</u>	<u>Name</u>	Address	Type of Action
BP	Aeolus, Inc.	5 Pelican Place Belleair, Florida 33756	Add Remove
iP	CHQ, Inc.	451 Sylvan Drive Winter Park, F1 3	✓ Add 2789 Remove
— —			Add Remove
			Add Remove
			Add Remove
			Add Remove

F. If amending any other information, en	ter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing (Effective date cannot be prior to nor more than 90 do State.)	: nys after the date this document is filed by the Florida Department of
Signature(s) of a general partner or all gen	neral partners*:
(*NOTE: Only one current general partner is require removing a "limited liability limited partnership" elec when adding or removing a "limited liability limited p	d to sign this document unless the limited partnership is adding or tion statement. Chapter 620, F.S., requires all general partners to signartnership" election statement.)
CHQ, Inc.	By: Mwt
	As Its: President
Signature(s) of all new or dissociating gene	eral partner(s), if any:
	Ru. Anti
CHQ, Inc.	Robert M. Carter
	As <u>1ts: President</u>
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75	

STATEMENT OF DISSOCIATION FOR GENERAL PARTNER OF

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provisions of section 620.1605, Florida Statutes, the undersigned general partner hereby dissociates from the following limited partnership or limited liability limited partnership:

MedCyl Servi	imited Partnership or Limited Liability Limited Partnership is:
2 The name of th	e dissociating general partner is:
2. The name of th	e dissociating general partner is.

Signature of Dissociating General Partner

Filing Fee: \$52.50 Certified Copy (optional): \$52.50