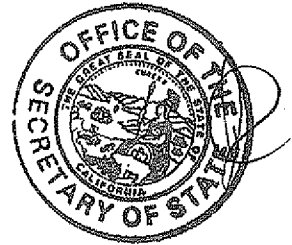


**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|  |                                       |                 |                                       |
|--|---------------------------------------|-----------------|---------------------------------------|
| SUBMISSION TYPE:   | NEW ASSIGNMENT                        |                 |                                       |
| NATURE OF CONVEYANCE:  | CHANGE OF NAME                        |                 |                                       |
| <b>CONVEYING PARTY DATA</b>  |                                       |                 |                                       |
| Name   | Formerly                              | Execution Date  | Entity Type                           |
| Closet Tailors, LLC  |                                       | 05/26/2011      | LIMITED LIABILITY COMPANY: CALIFORNIA |
| <b>RECEIVING PARTY DATA</b>  |                                       |                 |                                       |
| Name:  | Tailored Living, LLC                  |                 |                                       |
| Doing Business As:   | DBA Tailored Living                   |                 |                                       |
| Street Address:  | 1927 North Glassell Street            |                 |                                       |
| City:  | Orange                                |                 |                                       |
| State/Country:   | CALIFORNIA                            |                 |                                       |
| Postal Code:   | 92867                                 |                 |                                       |
| Entity Type:   | LIMITED LIABILITY COMPANY: CALIFORNIA |                 |                                       |
| <b>PROPERTY NUMBERS Total: 1</b>   |                                       |                 |                                       |
| Property Type  | Number                                | Word Mark       |                                       |
| Registration Number:   | 3909441                               | TAILORED LIVING |                                       |
| <b>CORRESPONDENCE DATA</b>   |                                       |                 |                                       |
| Fax Number:  | (714)998-8901                         |                 |                                       |
| <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>             |                                       |                 |                                       |
| Phone:   | 714 279 2427                          |                 |                                       |
| Email:   | jennie@homefranchiseconcepts.com      |                 |                                       |
| Correspondent Name:  | Jennie L Amante                       |                 |                                       |
| Address Line 1:  | 1927 North Glassell Street            |                 |                                       |
| Address Line 4:  | Orange, CALIFORNIA 92865              |                 |                                       |
| NAME OF SUBMITTER:   | Jennie L. Amante                      |                 |                                       |
| Signature:   | /Jennie L. Amante/                    |                 |                                       |
| Date:  | 05/26/2011                            |                 |                                       |
| Total Attachments: 2<br>source=20110526153624570#page1.tif<br>source=20110526153624570#page2.tif |                                       |                 |                                       |

OP \$40.00 3909441



**State of California**  
**Secretary of State**

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of this office.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 07 2010

*Debra Bowen*

DEBRA BOWEN  
Secretary of State



**State of California  
Secretary of State**

**LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form.

**IMPORTANT – Read instructions before completing this form.**

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

MAY 05 2010

This Space For Filing Use Only

|  |   |
|--|---|
| 1. SECRETARY OF STATE FILE NUMBER<br><b>200613910093</b> | 2. NAME OF LIMITED LIABILITY COMPANY<br>Closet Tailors, LLC |
|--|---|

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.

A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")  
Tailored Living, LLC

B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):  
 ONE MANAGER  
 MORE THAN ONE MANAGER  
 ALL LIMITED LIABILITY COMPANY MEMBER(S)

C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:


D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.

4. FUTURE EFFECTIVE DATE, IF ANY:

|       |     |      |
|-------|-----|------|
| MONTH | DAY | YEAR |
|-------|-----|------|

5. NUMBER OF PAGES ATTACHED, IF ANY:

6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

  
 SIGNATURE OF AUTHORIZED PERSON  
 Todd Jackson, Manager  
 TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

May 4, 2010  
 DATE

7. RETURN TO:

NAME  
 FIRM  
 ADDRESS  
 CITY/STATE  
 ZIP CODE

