

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
Trilogy International, Inc.		09/28/2010	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	Life's Abundance, Inc.		
Street Address:	4349 SW Port Way		
City:	Palm City		
State/Country:	FLORIDA		
Postal Code:	34990		
Entity Type:	CORPORATION: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	85102039	LIFE'S ABUNDANCE	
CORRESPONDENCE DATA			
Fax Number:	(561)625-6572		
Phone:	561-625-6575		
Email:	ustrademarks@mchaleslavin.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	McHale & Slavin, P.A.		
Address Line 1:	2855 PGA Blvd.		
Address Line 4:	Palm Beach Gardens, FLORIDA 33410		
ATTORNEY DOCKET NUMBER:	2022.000005		
NAME OF SUBMITTER:	Carl J. Spagnuolo		
Signature:	/Carl J. Spagnuolo/		
Date:	09/20/2011		

OP \$40.00 85102039

Total Attachments: 6

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2010

ANTHONY SINCLAIR
TRILOGY INTERNATIONAL, INC.
4349 SW PORT WAY
PALM CITY, FL 34990

SUBJECT: TRILOGY INTERNATIONAL, INC.
Ref. Number: P99000103431

We have received your document for TRILOGY INTERNATIONAL, INC. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L08000051241 - LIFE'S ABUNDANCE, LLC.

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) 245-6964.

Shirley Albritton
Regulatory Specialist II

Letter Number: 810A00012426

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRADEMARK
REEL: 004626 FRAME: 0077

RECEIVED
10 SEP 28 AM 8:07
SECRETARY OF STATE
FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

TRILOGY INTERNATIONAL, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P99000103431

(Document Number of Corporation (if known))

FILED OF STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
10 SEP 28 PM 3:24

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

LIFE'S ABUNDANCE, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

_____, Florida

(City)

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 5/11/2010

Effective date if applicable: 8/1/2010
(date of adoption is required)
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 5/11/2010

Signature: Anthony Sinclair
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ANTHONY SINCLAIR
(Typed or printed name of person signing)

C.F.O.
(Title of person signing)