

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM336178

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Bankers Healthcare Group, Inc.		01/29/2015	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	Bankers Healthcare Group, LLC		
Street Address:	10234 W State Road 84		
City:	Davie		
State/Country:	FLORIDA		
Postal Code:	33324		
Entity Type:	LIMITED LIABILITY COMPANY: FLORIDA		
PROPERTY NUMBERS Total: 7			
Property Type	Number	Word Mark	
Registration Number:	3878674	BHG	
Registration Number:	3872219	BHG	
Registration Number:	3869329	BHG	
Registration Number:	3872218	BHG	
Registration Number:	3968396	BHG BANKERS HEALTHCARE GROUP, INC. FINAN	
Registration Number:	3872217	BHG	
Registration Number:	3968395	BANKERS HEALTHCARE GROUP, INC.	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	2148431654		
Email:	george@tompkinsiplaw.com		
Correspondent Name:	George Tompkins		
Address Line 1:	825 Market St., Bldg. M		
Address Line 2:	Suite 250		
Address Line 4:	Allen, TEXAS 75013		
ATTORNEY DOCKET NUMBER:	BHG0008.TMUS		
NAME OF SUBMITTER:	George Tompkins		

OP \$190.00 3878674

SIGNATURE:	/George Tompkins/
DATE SIGNED:	03/25/2015
Total Attachments: 3 source=Conversion#page1.tif source=Conversion#page2.tif source=Conversion#page3.tif	

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Conversion, and Articles of Organization, filed on January 29, 2015, with an organizational date deemed effective December 31, 1992, for BANKERS HEALTHCARE GROUP, LLC, the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L15000018067.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Thirtieth day of January, 2015



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
Bankers Healthcare Group, Inc.
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
on December 31, 1992 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:
Bankers Healthcare Group, LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with all applicable statutes.

FILED
15 JUN 29 11:09
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Signed this 29th day of January 2015.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: Albert Crawford Title: Member

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: Albert Crawford Title: Director

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

FILED
15 JAN 29 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA