

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM349943

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Casey Research, LLC		05/06/2015	LTD LIAB JT ST CO: UNITED STATES
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Casey Research, LLC		
<b>Street Address:</b>	c/o Sherman & Howard, L.L.C.		
<b>Internal Address:</b>	320 West Main Street		
<b>City:</b>	Aspen		
<b>State/Country:</b>	COLORADO		
<b>Postal Code:</b>	81611		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: FLORIDA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2984249	EXPLORERS' LEAGUE	
<b>Registration Number:</b>	3003891	INTERNATIONAL SPECULATOR	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	9709251181		
<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>			
<b>Phone:</b>	970,925.6300		
<b>Email:</b>	dettlinger@sah.com		
<b>Correspondent Name:</b>	Diana Ettlinger		
<b>Address Line 1:</b>	320 West Main Street		
<b>Address Line 2:</b>	Sherman & Howard, L.L.C.		
<b>Address Line 4:</b>	Aspen, COLORADO 81611		
<b>ATTORNEY DOCKET NUMBER:</b>	1695-021393.001		
<b>NAME OF SUBMITTER:</b>	Diana Ettlinger		
<b>SIGNATURE:</b>	/dge/		
<b>DATE SIGNED:</b>	07/31/2015		
<b>Total Attachments: 3</b>			
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Colorado Secretary of State  
 Date and Time: 05/06/2015 09:09 AM  
 ID Number: 20011190451  
 Document number: 20151309709  
 Amount Paid: \$50.00

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ABOVE SPACE FOR OFFICE USE ONLY

**Statement of Conversion Converting a Domestic Entity into a Foreign Entity**  
 filed pursuant to § 7-90-201.7 (1) and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number, entity name, form of entity, jurisdiction under the law of which it is formed, and principal office address are

ID number 20011190451  
 (Colorado Secretary of State ID number)

Entity name CASEY RESEARCH, LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Principal office street address 645 South Main Street  
 (Street number and name)

Stowe VT 05672  
 (City) (State) (ZIP/Postal Code)

United States  
 (Province – if applicable) (Country)

Principal office mailing address P.O. Box 1427  
 (leave blank if same as street address) (Street number and name or Post Office Box information)

Stowe VT 05672  
 (City) (State) (ZIP/Postal Code)

United States  
 (Province – if applicable) (Country)

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name Casey Research, LLC

Form of entity Foreign Limited Liability Company

Jurisdiction Florida

Street address 55 NE 5 Avenue  
 (Street number and name)

Suite 300

Delray Beach FL 33483  
 (City) (State) (ZIP/Postal Code)

United States  
 (Province – if applicable) (Country)

Mailing address  
 (leave blank if same as street address) \_\_\_\_\_  
 (Street number and name or Post Office Box information)

\_\_\_\_\_  
 (City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
 (Province – if applicable) (Country)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

or

The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name  
 (if an individual) \_\_\_\_\_  
 (Last) (First) (Middle) (Suffix)

or

(if an entity) \_\_\_\_\_  
 (Caution: Do not provide both an individual and an entity name.)

Street address  
 \_\_\_\_\_  
 (Street number and name)

\_\_\_\_\_  
 (City) CO (ZIP Code)  
 (State)

Mailing address  
 (leave blank, if same as street address) \_\_\_\_\_  
 (Street number and name or Post Office Box information)

\_\_\_\_\_  
 (City) CO (ZIP Code)  
 (State)

5. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

6. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_  
 (mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent

documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

7. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Ferri</u>	<u>Marco</u>		
(Last)	(First)	(Middle)	(Suffix)
<u>2525 Ponce de Leon Blvd</u>			
(Street number and name or Post Office Box information)			
<u>Suite 1225</u>			
<u>Coral Gables</u>	<u>FL</u>	<u>33134</u>	
(City)	(State)	(ZIP/Postal Code)	
<u></u>		<u></u>	
(Province – if applicable)		(Country)	

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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