## CH \$140.00 354

### TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM360137

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
TECH PHARMACY SERVICES, INC.		10/23/2015	CORPORATION: TEXAS

### **RECEIVING PARTY DATA**

Name:	TECH PHARMACY SERVICES, LLC
Street Address:	900 South Loop West, Suite 100
City:	Houston
State/Country:	TEXAS
Postal Code:	77054
Entity Type:	LIMITED LIABILITY COMPANY: TEXAS

### **PROPERTY NUMBERS Total: 5**

Property Type	Number	Word Mark
Registration Number:	3544474	AP ADVANCED PHARMACY
Registration Number:	3568947	AP ONCALL
Registration Number:	3463694	AP PASSPORT
Registration Number:	3841906	AP ADVANCED PHARMACY
Registration Number:	3825509	AP PHARMASYSTEM

### **CORRESPONDENCE DATA**

Fax Number:

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.

Email: HLUSDocketing@hoganlovells.com

Correspondent Name: Hogan Lovells US LLP
Address Line 1: Bank of America Center

**Address Line 2:** 700 Louisiana Street, Suite 4300

Address Line 4: Houston, TEXAS 77002

ATTORNEY DOCKET NUMBER:	818680.000001
NAME OF SUBMITTER:	Jeffrey S. Whittle
SIGNATURE:	/Jeffrey S. Whittle/
DATE SIGNED:	10/27/2015

# Total Attachments: 9 source=Tech\_Pharmacy\_Conversion\_to\_LLC#page1.tif source=Tech\_Pharmacy\_Conversion\_to\_LLC#page2.tif source=Tech\_Pharmacy\_Conversion\_to\_LLC#page3.tif source=Tech\_Pharmacy\_Conversion\_to\_LLC#page4.tif source=Tech\_Pharmacy\_Conversion\_to\_LLC#page5.tif source=Tech\_Pharmacy\_Conversion\_to\_LLC#page6.tif source=Tech\_Pharmacy\_Conversion\_to\_LLC#page7.tif source=Tech\_Pharmacy\_Conversion\_to\_LLC#page8.tif source=Tech\_Pharmacy\_Conversion\_to\_LLC#page9.tif

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

October 26, 2015

Corporation Service Company 211 E. 7th Street, Suite 620 Austin, TX 78701 USA

RE: Tech Pharmacy Services, LLC

File Number: 802318525

It has been our pleasure to approve and place on record the filing instrument effecting a conversion. The appropriate evidence is attached for your files. Payment of the filing fee is acknowledged by this letter.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section Business & Public Filings Division (512) 463-5555

Enclosure

Phone: (512) 463-5555

Prepared by: Debbie Gustafson



### Office of the Secretary of State

### **CERTIFICATE OF CONVERSION**

The undersigned, as Secretary of State of Texas, hereby certifies that a filing instrument for

Tech Pharmacy Services, Inc. File Number: 800111303

Converting it to

Tech Pharmacy Services, LLC File Number: 802318525

has been received in this office and has been found to conform to law. ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing the acceptance and filing of the conversion on the date shown below.

Dated: 10/23/2015

Effective: 10/23/2015

Phone: (512) 463-5555

Prepared by: Debbie Gustafson



Cull -

Carlos H. Cascos Secretary of State

REEL: 005653 FRAME: 086

### Form 632 (Revised 05/11)

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512 463-5709

Filing Fee: See instructions



### Certificate of Conversion of a Corporation Converting to a

Limited Liability Company

This space reserved for office use.

FILED
In the Office of the
Secretary of State of Texas

OCT 2 3 2015

**Corporations Section** 

Con	verting Entity Information	o <b>n</b>		A character of the char
The name of the converting corporation Tech Pharmacy Services, Inc.	n is:			
The jurisdiction of formation of the cor	poration is: Texas			
The date of formation of the corporatio	n is: August 12, 2002			
The file number, if any, issued to the co	orporation by the secretary	of state, is:	80011130	)3
Plan of Co	nversion—Alternative St	atements and	The proof of the second	
The corporation named above is convelliability company is:	rting to a limited liability o	company. The	name of	the limited
Tech Pharmacy Services, LLC				
The limited liability company will be f	formed under the laws of:	Texas		
☐ The plan of conversion is attached.		· ·		
If the plan of conversion in Instead of attaching the plan of co	s not attached, the following statem nversion, the corporation o	ents must be compleertifies to the	eted. following	statements:
A signed plan of conversion is on file a converting entity. The address of the p	at the principal place of business	siness of the co	orporation ion is:	n, the
900 South Loop West, Suite 100	Houston	TX	USA	77054
Street or Mailing Address	City	State	Country	Zip Code
A signed plan of conversion will be on the limited liability company, the conv the limited liability company is:	a file after the conversion a terted entity. The address of	t the principal of the principal	place of t place of	business of business of
900 South Loop West, Suite 100	Houston	TX	USA	77054
Street or Mailing Address	City	State	Country	Zip Code

A copy of the plan of conversion will be furnished on written request without cost by the converting entity before the conversion or by the converted entity after the conversion to any owner or member of the converting or converted entity.

Form 632

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5556320.2

	Certificate of Formation for the Converted Entity				
Texa plan	The converted entity is a Texas limited liability company. The certificate of formation of the as limited liability company is attached to this certificate either as an attachment or exhibit to the of conversion, or as an attachment or exhibit to this certificate of conversion if the plan has not attached to the certificate of conversion.				
	Approval of the Plan of Conversion				
The	plan of conversion has been approved as required by the laws of the jurisdiction of formation and governing documents of the converting entity.				
	Effectiveness of Filing (Select either A, B, or C.)				
state					
	This document becomes effective at a later date, which is not more than ninety (90) days from late of signing. The delayed effective date is:				
C. [	This document takes effect upon the occurrence of the future event or fact, other than the age of time. The 90 <sup>th</sup> day after the date of signing is:				
	following event or fact will cause the document to take effect in the manner described below:				
Control of the second of the s	Tax Certificate				
	Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the corporation.				
$\boxtimes$	In lieu of providing the tax certificate, the limited liability company as the converted entity is liable for the payment of any franchise taxes.				
ik. Em e na Ville and all all and the	Execution				
The mate	undersigned signs this document subject to the penalties imposed by law for the submission of a erially false or fraudulent instrument.				
Date	Tech Pharmacy Services, Inc.  By:  Name: Patrick Downing  Title: President				

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Form 632

5556320.2

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



### Office of the Secretary of State

### CERTIFICATE OF FILING OF

Tech Pharmacy Services, LLC File Number: 802318525

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 10/23/2015

Effective: 10/23/2015



Culc -

Carlos H. Cascos Secretary of State

Fax: (512) 463-5709 TID: 10306 TRADEMARKelay Service REEL: 005653 FRAME: 0872

### **Form 205** (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512 463-5709

### **Certificate of Formation Limited Liability Company**

This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

OCT 2 3 2015

**Corporations Section** 

Filing Fee: \$300					
Article 1 – Entity Name and Type					
The filing entity being forme	The filing entity being formed is a limited liability company. The name of the entity is:				
Tech Pharmacy Services, LL	C nited liability company," "limited company	" or an abbreviation of an	na of these phrases		
The name must contain the words "lim	nted natinty company, minted company	, of all appreviation of or	te of these pinases.		
Arti (Sce	cle 2 – Registered Agent and Finstructions. Select and complete either A	Registered Office or B and complete C.)			
A. The initial registered	agent is an organization (cannot b	e entity named above) by	the name of:		
Corporation Service Compar	ny d/b/a CSC - Lawyers Incorpor	rating Service Com	pany		
OR B. The initial registered	agent is an individual resident o	of the state whose na	ame is set forth below:		
First Name	M.I. Last Name		Suffix		
C. The business address of t	he registered agent and the regis	tered office address	s is:		
211 E. 7 <sup>th</sup> Street, Suite 620	Austin	TX			
Street Address	City	State	e Zip Code		
(Select and compl	Article 3—Governing Audete either A or B and provide the name and	thority I address of each governin	g person.)		
A. The limited liability manager are set forth below.	company will have managers. The	he name and addres	s of each initial		
☑ B. The limited liability members, and the name and	company will not have managers address of each initial member a	s. The company wince set forth below.	ll be governed by its		
GOVERNING PERSON 1					
NAME (Enter the name of either an indiv IF INDIVIDUAL	ridual or an organization, but not both.)				
First Name OR IF ORGANIZATION	M.I. Last Name		Suffix		
Care Solutions, LLC					
Organization Name ADDRESS					
173 Bridge Plaza North	Fort Lee	NJ	USA 07024		
Street or Mailing Address	City	State	Country Zip Code		

Form 205

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GOVERNING PERSON 2					
NAME (Enter the name of either an individual IF INDIVIDUAL	al or an organization, but	not both.)			
First Name	M.I.	Last Name			Suffix
OR				·	
IF ORGANIZATION					
Organization Name					
ADDRESS					
Street or Mailing Address	Ci	ity	State	Country	Zip Code
Street of Maning Address					
GOVERNING PERSON 3					
NAME (Enter the name of either an individu IF INDIVIDUAL	al or an organization, but	not both.)			
	1/1	I at Mana			Suffix
First Name	M.I.	Last Name			1,141,155
OR IF ORGANIZATION					
IF ORGANIZATION					
Organization Name ADDRESS					
Street or Mailing Address	C	ity	State	Country	Zip Code

### Article 4 - Purpose

The purpose for which the company is formed is for the transaction of any and all lawful purposes for which a limited liability company may be organized under the Texas Business Organizations Code.

### Supplemental Provisions/Information

Text Area: [The attached addendum, if any, is incorporated herein by reference.] Article 5 – Conversion The filing entity is being formed under a Plan of Conversion for the conversion of Tech Pharmacy Services, Inc., a Texas corporation (the "Converting Entity"), into a Texas limited liability company. The Converting Entity was formed on August 12, 2002. The address of the Converting Entity is: Tech Pharmacy Services, Inc. 900 South Loop West, Suite 100, Houston, Texas 77054

### Organizer

The name and address of the organizer:  Name and Address not included since the fix Section 3.005(a)(6)(A) of the Texas Business  Name  Street or Mailing Address		a Plan of Conversion (see  State Zip Code
Effectiveness	of Filing (Select either A, B, or C	7)
A. This document becomes effective where B. This document becomes effective at a the date of signing. The delayed effective d	en the document is filed by a later date, which is not mo	the secretary of state.
C. This document takes effect upon the compassage of time. The 90 <sup>th</sup> day after the date	occurrence of the future eve	nt or fact, other than the
The following event or fact will cause the de	ocument to take effect in the	e manner described below:
	Execution	
The undersigned affirms that the person appointment. The undersigned signs this d submission of a materially false or fraudulen undersigned is authorized to execute the filing	ocument subject to the per at instrument and certifies u	nalties imposed by law for the
Date: October 23, 2015		
	Signature of organizer	######################################
	Printed or typed name of organiz	cer

Form 205

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### Form 401-A (Revised 12/09)



### Acceptance of Appointment and Consent to Serve as Registered Agent §5.201(b) Business Organizations Code

The following form may be used when the person designated as registered agent in a registered agent filing is an individual.

### Acceptance of Appointment and Consent to Serve as Registered Agent I acknowledge, accept and consent to my designation or appointment as registered agent in Texas for Name of represented entity I am a resident of the state and understand that it will be my responsibility to receive any process, notice, or demand that is served on me as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if I resign. x: Date (mm/dd/yyyy) Printed name of registered agent Signature of registered agent

The following form may be used when the person designated as registered agent in a registered agent filing is an organization.

### Acceptance of Appointment and Consent to Serve as Registered Agent I am authorized to act on behalf of Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company Name of organization designated as registered agent The organization is registered or otherwise authorized to do business in Texas. The organization acknowledges, accepts and consents to its appointment or designation as registered agent in Texas for: TECH PHARMACY SERVICES, INC. Name of represented entity The organization takes responsibility to receive any process, notice, or demand that is served on the organization as the registered agent of the represented entity; to forward such to the represented entity; and to immediately notify the represented entity and submit a statement of resignation to the Secretary of State if the organization resigns. Brian Courtney, Asst. Vice President 10/23/2015 x: By: Printed name of authorized person Date (mm/dd/yyyy) Signature of person pathorized to act on behalf of organization Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company

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Form 401-A

**RECORDED: 10/27/2015**