

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM391356

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Flexible Foam Products, Inc.		03/21/2014	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Flexible Foam Products LLC		
Street Address:	220 S. Elizabeth Street		
City:	Spencerville		
State/Country:	OHIO		
Postal Code:	45887		
Entity Type:	Corporation: OHIO		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	4171103	G FLEX	
Registration Number:	3199292	FLEXGUARD	
Registration Number:	2953102	LIFESTYLE	
Registration Number:	3502425	BIOFLEX	
CORRESPONDENCE DATA			
Fax Number:	3129130002		
<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:	(312) 913-0001		
Email:	docketing@mbhb.com, moran@mbhb.com, potempam@mbhb.com		
Correspondent Name:	Eric R. Moran		
Address Line 1:	300 South Wacker Drive		
Address Line 2:	31st Floor		
Address Line 4:	CHICAGO, ILLINOIS 60606-6709		
ATTORNEY DOCKET NUMBER:	MBHB 15-231		
NAME OF SUBMITTER:	Eric R. Moran		
SIGNATURE:	/Eric R. Moran/		
DATE SIGNED:	07/13/2016		
Total Attachments: 10			

CH \$115.00 4171103

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/24/2014	201408300765	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	200.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

UNISEARCH, INC.
4694 CEMETERY RD
PMB 217
HILLIARD, OH 43026

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

297120

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

FLEXIBLE FOAM PRODUCTS LLC

and, that said business records show the filing and recording of:

Document(s):

CONVERSION WITHIN SOS RECORDS

Document No(s):

201408300765

Effective Date: 03/21/2014

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 24th day of March, A.D.
2014.

Ohio Secretary of State



JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

**Certificate for Conversion for Entities Converting
Within or Off the Records of the Ohio Secretary of State**
Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1) **Converting Within** The Records of the Ohio Secretary of State

(2) **Converting Off** The Records of the Ohio Secretary of State
(187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:
(Check Only (1) One Box)

- Domestic Corporation (For-Profit or Nonprofit)
- Foreign Corporation (For-Profit or Nonprofit)
- Domestic Nonprofit Limited Liability Company
- Foreign Nonprofit Limited Liability Company
- Domestic For-Profit Limited Liability Company
- Foreign For-Profit Limited Liability Company

- Partnership
- Domestic Limited Partnership
- Foreign Limited Partnership
- Domestic Limited Liability Partnership
- Foreign Limited Liability Partnership

RECEIVED
SECRETARY OF STATE
2014 MAR 21 PM 2:42
CLIENT SERVICE CENTER

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic Corporation (For-Profit) Partnership

Foreign Corporation (For-Profit or Nonprofit) Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company Foreign Limited Liability Partnership

Foreign For-Profit Limited Liability Company

Effective Date (Optional) (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State Zip Code

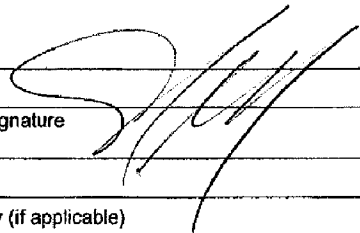
If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

See instructions for additional filing requirements if

(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio; or
(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

person signing the certificate of conversion is authorized to do so.

Required
Must be signed by an
authorized representative.


Signature

By (if applicable)

Candace Moeller
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

In lieu of dissolution releases from various governmental authorities.

Flexible Foam Products, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	3/18/14	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 814-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	3/18/14
*Only required for domestic for-profit corporations		Regular: P.O. Box 182413 Columbus, OH 43218-2413	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us		<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see note below]			

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [Signature] Title Vice President

Candace Moeller
Name

221 South Elizabeth Street
Mailing Address

Spencerville City OH State 45887 Zip Code

Acknowledged before me and subscribed in my presence on 03/20/2014 Date

Seal [Notary Seal] NOTARY PUBLIC, STATE OF OHIO MY COMMISSION EXPIRES [Signature] Notary Public

Commission Expires 2/26/2018 Date

State of OHIO

County of ALLEN

Candace Moeller
Name of Officer

Vice President
Title of Officer

of Flexible Foam Products, Inc.
Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Allen

Signature:

Title: Vice President

Acknowledged before me and subscribed in my presence on

Date 3/20/2014

Seal

Shirley M. Moeller
Notary Public

Expiration date of Notary Public's Commission

Date 2/26/2018



NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES...

MAR. 20. 2014 4:49PM

NO. 4461 P. 2

Ohio**Department of
Taxation**

Taxpayer Services Division
P.O. Box 182382
Columbus, Ohio 43218-2382
Phone: 888-405-4039
TTY/TDD: 800-750-0750
<http://tax.ohio.gov>

CERTIFICATE OF TAX CLEARANCE

This certificate certifies that the below stated entity has filed all tax returns and paid in full all taxes and fees administered by the tax commissioner through the certificate issue date indicated below. Additional tax liabilities may be billed and/or assessed at a later date as a result of an examination or audit for any periods ending prior to the date of dissolution.

FLEXIBLE FOAM PRODUCTS, INC.

Charter: 297120

Certificate issue date: March 20, 2014

Joseph W. Testa
Tax Commissioner

Note: This certificate must be filed along with all forms prescribed by the Ohio Secretary of State. For filing information, visit Ohio Secretary of State's web site at OhioSecretaryofState.gov.



Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busservr@OhioSecretaryofState.gov

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date (The legal existence of the limited liability company begins upon the filing
(Optional) mm/dd/yyyy of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional) Period of Existence

Purpose
(Optional)

****Note for Nonprofit LLCs**
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax
exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit
limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose
clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

Flexible Foam Products LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

Candace Moeller

Name of Agent

2475 Struthmore Dr.

Mailing Address

Lima

City

State

45806

ZIP Code

ACCEPTANCE OF APPOINTMENT

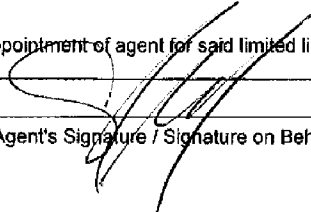
The undersigned, Candace Moeller named herein as the statutory agent

Statutory Agent Name

for Flexible Foam Products LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature 

Individual Agent's Signature / Signature on Behalf of Corporate Agent

If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

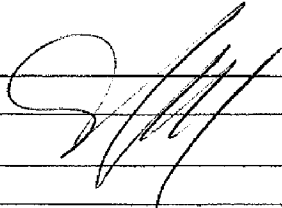
has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



 Signature

By (if applicable)

 Candace Moeller
 Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name