

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM415665

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Automotive Technologies, Inc.		09/30/2016	Corporation: CONNECTICUT
RECEIVING PARTY DATA			
Name:	Wireless Zone LLC		
Street Address:	795 Brook Street #5		
City:	Rocky Hill		
State/Country:	CONNECTICUT		
Postal Code:	06067		
Entity Type:	Limited Liability Company: CONNECTICUT		
PROPERTY NUMBERS Total: 28			
Property Type	Number	Word Mark	
Registration Number:	4576969	TRADE IN ZONE	
Registration Number:	4533829	WIRELESS ZONE	
Registration Number:	4304502	ZONE	
Registration Number:	4304501	ZONE	
Registration Number:	4300619	CELLULAR CHLOE	
Registration Number:	4300618	CELLULAR CHLOE	
Registration Number:	4300617	CELLULAR CHLOE	
Registration Number:	4122177	4G ZONE	
Registration Number:	4051612	WIRELESS ZONE	
Registration Number:	3957042	WIRELESS ZONE	
Registration Number:	3957041	WIRELESS ZONE	
Registration Number:	3953877	WIRELESS ZONE	
Registration Number:	3617563	WIRELESS ZONE	
Registration Number:	3231491	WIRELESS ZONE HOT SPOT	
Registration Number:	3022937	WIRELESS ZONE	
Registration Number:	3022936	WIRELESS ZONE	
Registration Number:	3022935	WIRELESS ZONE	
Registration Number:	3012906	WIRELESS ZONE	
Registration Number:	2881711	WIRELESS ZONE	

OP \$715.00 4576969

Property Type	Number	Word Mark
Registration Number:	2881710	WIRELESS ZONE FOUNDATION FOR GIVING
Registration Number:	2881709	WIRELESS ZONE
Registration Number:	2881708	WIRELESS ZONE
Registration Number:	2881706	WIRELESS ZONE
Registration Number:	2568161	WIRELESS ZONE
Registration Number:	2550880	WIRELESS ZONE
Registration Number:	2393726	WIRELESS ANYWHERE
Registration Number:	2336387	WIRELESS ZONE
Registration Number:	2139503	WIRELESS ANYWHERE

CORRESPONDENCE DATA

Fax Number: 8605270464

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.

Phone: 8605495290

Email: TIFFANY@IP-LAWYERS.COM

Correspondent Name: Marina F. Cunningham

Address Line 1: 185 Asylum Street, CITYPLACE II

Address Line 4: HARTFORD, CONNECTICUT 06103

NAME OF SUBMITTER:	MARINA F. CUNNINGHAM
SIGNATURE:	/MARINA F. CUNNINGHAM/
DATE SIGNED:	02/07/2017

Total Attachments: 4

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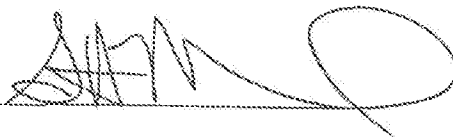
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STATE OF CONNECTICUT
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY
PURSUANT TO SECTION 34-635 OF
THE CONNECTICUT BUSINESS CORPORATION ACT

1. The jurisdiction immediately prior to filing this Certificate is Connecticut.
2. The jurisdiction immediately following the filing of this Certificate is Connecticut.
3. The plan of conversion of the converting Corporation was approved in accordance with Part IV of Chapter 616 of the Connecticut General Statutes.
4. The Articles of Organization of the converted entity are attached hereto as Exhibit A.
5. The name of the Corporation immediately prior to filing this Certificate is Automotive Technologies, Inc.
6. The name of the Limited Liability Company as set forth in the Articles of Organization is Wireless Zone LLC.

IN WITNESS WHEREOF, the undersigned being duly authorized to sign on behalf of the converting Corporation has executed this Certificate on the 30th day of September, 2016.

AUTOMOTIVE TECHNOLOGIES, INC.

By: 

Name: Scott A. Moorehead
Title: Chief Executive Officer



SECRETARY OF THE STATE

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, 02226...
DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 33 TRINITY STREET, HARTFORD, CT 06103
PHONE: 860-509-6003 WEBSITE: WWW.COMCORD.SOTS.CT.GOV

FILING #0005664654 PG 02 OF 03 VOL B-02250
FILED 09/30/2016 04:00 PM PAGE 03228
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY - DOMESTIC

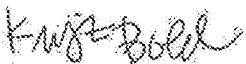
C.G.S. 9534-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

Form with sections: FILING PARTY (NAME, ADDRESS, CITY, STATE, ZIP), FILING FEE: \$120, 1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: Wireless Zone LLC, 2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED: To engage in any lawful act or activity for which limited liability companies may be formed under the Connecticut Limited Liability Company Act., 3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: 795 Brook Street #5, CITY: Rocky Hill, STATE: Connecticut, ZIP: 06103, 4. MAILING ADDRESS, IF DIFFERENT THAN #3: 525 Congressional Boulevard, CITY: Carmel, STATE: Indiana, ZIP: 46032, 5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME: BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE", CONNECTICUT RESIDENCE ADDRESS (P.O. BOX NOT ACCEPTABLE), ADDRESS, CITY, STATE, ZIP, SIGNATURE ACCEPTING APPOINTMENT:

B. IF AGENT IS A BUSINESS:
 PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:
 C T Corporation System

CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)
 ADDRESS: One Corporate Center
 CITY: Hartford
 STATE: Connecticut ZIP: 06103-3220

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:

 Kristin Bolden
 Assistant Secretary
 PRINT NAME & TITLE OF PERSON SIGNING:

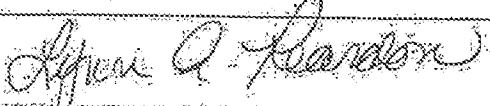
6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC)
 (ATTACH 8 1/2 X 11 SHEETS IF NECESSARY)

NAME	TITLE	BUSINESS ADDRESS (No. P.O. Box) (IF NONE, MUST STATE "NONE")	RESIDENCE ADDRESS (No. P.O. Box)
PVITE, LLC	Member	525 Congressional Boulevard Cannel, IN 06103	

7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES
 MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE")
 NONE

9. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)
 DATED THIS 30th DAY OF September, 2016

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
Lynn A. Reardon	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ www.ct.gov/dor/sols.
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 237-5962 OR GO TO www.ct.gov/dor

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office.

In Testimony whereof, I have hereunto set my hand
and affixed the Seal of said State, at Hartford,
this _____ day of _____ A.D. 20



SECRETARY OF THE STATE