

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM421720

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Nutrakey, Inc.		01/01/2017	Corporation: FLORIDA
RECEIVING PARTY DATA			
Name:	Macrocap Labs, Inc.		
Street Address:	975 Bennett Drive		
City:	Longwood		
State/Country:	FLORIDA		
Postal Code:	32750		
Entity Type:	Corporation: FLORIDA		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	4652559	REDUX HD	
Serial Number:	87066016	TRU BURN	
Registration Number:	5082139	HYDRO PUMP	
Registration Number:	4301256	NUTRAKEY	
Serial Number:	87121126	REPP SPORTS	
CORRESPONDENCE DATA			
Fax Number:	4079267720		
<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:	4079267700		
Email:	trademarks@bwsmiplaw.com		
Correspondent Name:	Erica M. Cipparone		
Address Line 1:	Beusse Wolter Sanks & Maire, PLLC		
Address Line 2:	390 N. Orange Avenue, Suite 390		
Address Line 4:	Orlando, FLORIDA 32801		
NAME OF SUBMITTER:	Erica M. Cipparone		
SIGNATURE:	/emc/		
DATE SIGNED:	03/30/2017		
Total Attachments: 7			

OP \$140.00 4652559

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source=Nutrakey#page7.tif

P100000080106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

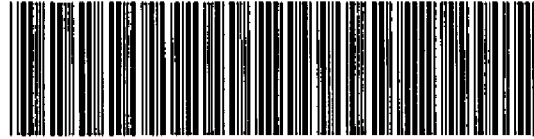
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000293575890

12/27/16--01008--022 **35.00

effective date 01/01/2017

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 27 PM 12:31

FILED

Name change

JAN 05 2017
TRADEMARK
CUSHING
REEL: 006022 FRAME: 0738



MEMORANDUM FOR SECRETARY OF STATE

SUBJECT: Nutrakey Name Change, and Conversion of Macrocap Labs Inc to a Limited Liability Company

**Florida Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**


The undersigned are the officers/directors of Macrocap Labs, Inc (Document # P14000067485) and Nutrakey, Inc (Document # P10000080106) and have the requisite authority to effect the following actions which are attached hereto:

- Amendment to the Articles of Nutrakey, Inc, whereby the name is being changed to Macrocap Labs, Inc.
- Conversion of Macrocap Labs Inc to a Florida Limited Liability Company bearing the name Nutrakey, LLC

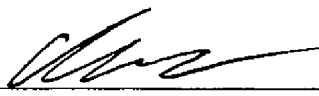
These entities are the subject of common ownership, and therefore no infringement of likeness shall occur associated with these actions, and identification should not be rejected by the Secretary of State for too closely resembling the name of another entity. These changes are being made to reconcile the corporate identities of these organizations with the goals and objectives of the respective businesses.

Should you have any questions, please direct them to our counsel, Richard McIntyre, Esq, at rdm@im-advisory.com or (407)869-1415.

Thank you very much for your time and attention in this matter.



 Troy Weyman
 COO
 Macrocap Labs
 Nutrakey



 Christopher Wagner
 President/CEO
 Macrocap Labs
 Nutrakey

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 16 DEC 27 PM 12:31

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Nutrakey, Inc

DOCUMENT NUMBER: P10000080106

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard McIntyre, Esq
Name of Contact Person

LM Advisory Group, LLC
Firm/ Company

1540 International Parkway, Suite 2000
Address

Lake Mary, FL 32746
City/ State and Zip Code

rdm@lm-advisory.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard McIntyre, Esq at (407) 284-7685
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
 16 DEC 27 PM 12:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

effective date 01/10/17

Articles of Amendment
to
Articles of Incorporation
of

Nutrakey, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000080106

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Macrocap Labs, Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____

(City)

Florida

(Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 27 PM 2:31
FILED

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: 1/1/17
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

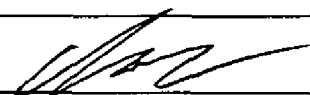
"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 12/21/16

Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Christopher Wagner

(Typed or printed name of person signing)

President/CEO

(Title of person signing)