

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM427045

<b>SUBMISSION TYPE:</b>	CORRECTIVE ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	Corrective Assignment to correct the First TM entered, 5120254, is not correct. previously recorded on Reel 006036 Frame 0284. Assignor(s) hereby confirms the Assignor(s) hereby confirms the entity conversion..
<b>RESUBMIT DOCUMENT ID:</b>	900404912

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Can't Live Without It, Inc.		01/25/2017	Corporation:

## RECEIVING PARTY DATA

<b>Name:</b>	Can't Live Without It, LLC
<b>Doing Business As:</b>	DBA S'well Bottle
<b>Street Address:</b>	28 West 23rd Street, Floor 5
<b>City:</b>	New York
<b>State/Country:</b>	NEW YORK
<b>Postal Code:</b>	10010
<b>Entity Type:</b>	Limited Liability Company: DELAWARE

## PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
<b>Registration Number:</b>	5130254	

## 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:** mkavalerchik@swellbottle.com  
**Correspondent Name:** Can't Live Without It, LLC  
**Address Line 1:** 28 West 23rd Street, Floor 5  
**Address Line 4:** New York, NEW YORK 10010

<b>NAME OF SUBMITTER:</b>	Miriam Kavalerchik
<b>SIGNATURE:</b>	/Miriam Kavalerchik/
<b>DATE SIGNED:</b>	05/10/2017

## Total Attachments: 5

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source=CoverSheet#page1.tif

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM424017

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Can't Live Without It, Inc.		01/25/2017	Corporation:

## RECEIVING PARTY DATA

<b>Name:</b>	can't live without it, llc
<b>Doing Business As:</b>	S'well Bottle
<b>Street Address:</b>	28 west 23rd street, floor 5
<b>City:</b>	new york
<b>State/Country:</b>	NEW YORK
<b>Postal Code:</b>	10010
<b>Entity Type:</b>	Limited Liability Company: DELAWARE

## PROPERTY NUMBERS Total: 10

Property Type	Number	Word Mark
Registration Number:	5120254	PSYENCE
Registration Number:	4988754	
Registration Number:	4366242	
Registration Number:	5118514	
Registration Number:	5028391	SIP
Registration Number:	5028390	S'IP BY S'WELL
Registration Number:	5028392	SIP BY S'WELL
Registration Number:	4559187	SWELL
Registration Number:	4559184	S'WELL
Registration Number:	4234092	S'WELL

## 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.*

Phone: 6467556083

Email: mkavalerchik@swellbottle.com

Correspondent Name: miriam kavalerchik

Address Line 1: 28 west 23rd street, floor 5

Address Line 4: new york, NEW YORK 10010

TRADEMARK

REEL: 006055 FRAME: 0675

OP \$265.00 5120254

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A FLORIDA CORPORATION UNDER THE NAME OF "CAN'T LIVE WITHOUT IT, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "CAN'T LIVE WITHOUT IT, INC." TO "CAN'T LIVE WITHOUT IT, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2017, AT 2:37 O`CLOCK P.M.



6295483 8100F  
SR# 20170439641

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201931160  
Date: 01-25-17

**TRADEMARK**  
**REEL: 006055 FRAME: 0676**

STATE OF DELAWARE  
CERTIFICATE OF CONVERSION  
FROM A CORPORATION TO A  
LIMITED LIABILITY COMPANY PURSUANT TO  
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Florida.
- 2.) The jurisdiction immediately prior to filing this Certificate is Florida.
- 3.) The date the corporation first formed is June 4, 2009.
- 4.) The name of the Corporation immediately prior to filing this Certificate is  
Can't Live Without It, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of  
Formation is Can't Live Without It, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the  
25 day of January, A.D. 2017.

By: Sarah M. Kauss  
Authorized Person

Name: Sarah M. Kauss  
Print or Type

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 02:37 PM 01/25/2017  
FILED 02:37 PM 01/25/2017  
SR 20170439641 - File Number 6295483

STATE of DELAWARE  
LIMITED LIABILITY COMPANY  
CERTIFICATE of FORMATION

• **First:** The name of the limited liability company is \_\_\_\_\_  
Can't Live Without It, LLC

• **Second:** The address of its registered office in the State of Delaware is  
1209 Orange Street \_\_\_\_\_ in the City of Wilmington  
Zip Code 19801 \_\_\_\_\_.

The name of its Registered agent at such address is \_\_\_\_\_  
The Corporation Trust Company

• **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this  
25 \_\_\_\_\_ day of January \_\_\_\_\_, 2017 \_\_\_\_\_.

By: Sarah M. Kauss  
Authorized Person(s)

Name: Sarah M. Kauss  
Typed or Printed

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM426336

<b>SUBMISSION TYPE:</b>	CORRECTIVE ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Corrective Assignment to correct the First TM entered, 5120254, is not correct. previously recorded on Reel 006036 Frame 0284. Assignor(s) hereby confirms the entity conversion.		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Can't Live Without It, Inc.		01/25/2017	Corporation:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Can't Live Without It, LLC		
<b>Doing Business As:</b>	S'well Bottle		
<b>Street Address:</b>	28 West 23rd Street, Floor 5		
<b>City:</b>	New York		
<b>State/Country:</b>	NEW YORK		
<b>Postal Code:</b>	10010		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5130254		
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>Email:</b>	mkavalerchik@swellbottle.com		
<b>Correspondent Name:</b>	Can't Live Without It, LLC		
<b>Address Line 1:</b>	28 West 23rd Street, Floor 5		
<b>Address Line 4:</b>	New York, NEW YORK 10010		
<b>NAME OF SUBMITTER:</b>	Miriam Kavalerchik		
<b>SIGNATURE:</b>	/Miriam Kavalerchik/		
<b>DATE SIGNED:</b>	05/05/2017		
<b>Total Attachments: 3</b>			
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