

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM429693

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT		
NATURE OF CONVEYANCE:	Corrective Assignment to correct the clerical error in the spelling of the city previously recorded on Reel 005141 Frame 0147. Assignor(s) hereby confirms the in the cover letter, the "city" is incorrectly spelled "Signall Hill".		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Edge Systems Corporation		11/28/2012	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	EDGE SYSTEMS LLC		
Street Address:	2277 REDONDO AVENUE		
City:	SIGNAL HILL		
State/Country:	CALIFORNIA		
Postal Code:	90755		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4317059	HYDRAFACIAL	
CORRESPONDENCE DATA			
Fax Number:	7034150013		
<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:	7034150012		
Email:	bmargulies@neifeld.com		
Correspondent Name:	Bruce T. Margulies		
Address Line 1:	5400 Shawnee Road, Suite 310		
Address Line 4:	Alexandria, VIRGINIA 22312		
NAME OF SUBMITTER:	Bruce T. Margulies		
SIGNATURE:	/BruceMargulies/		
DATE SIGNED:	06/01/2017		
Total Attachments: 4			
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OP \$40.00 4317059

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Conversion of California Corporation to California Limited Liability Company

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Edge Systems Corporation		11/28/2012	CORPORATION: CALIFORNIA

RECEIVING PARTY DATA

Name:	Edge Systems LLC
Street Address:	2277 Redondo Avenue
City:	Signal Hill
State/Country:	CALIFORNIA
Postal Code:	90755
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA

PROPERTY NUMBERS Total: 12

Property Type	Number	Word Mark
Serial Number:	85706409	HYDRAFACIAL
Serial Number:	78563560	HYDRAFACIAL MD
Serial Number:	78563556	HYDROPEEL
Serial Number:	78555753	NECTRE
Serial Number:	85370342	SKIN HEALTH FOR LIFE
Serial Number:	85706432	SKIN WELLNESS FOR LIFE
Serial Number:	85439647	SMARTFACIAL
Serial Number:	76150910	SOFT AS A BABY'S...
Serial Number:	76112304	THE EDGE SYSTEM
Serial Number:	76397100	ULTRAMAX
Serial Number:	85370389	UV SMART
Serial Number:	85370216	VORTEX-FUSION

CORRESPONDENCE DATA

CH \$315.00 85706409

Fax Number: 9497520597

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.

Phone: 949.851.7468

Email: docket@jdtplaw.com

Correspondent Name: Joel D. Covelman, Esq.

Address Line 1: 2030 Main Street 1200

Address Line 2: JACKSON DEMARCO TIDUS & PECKENPAUGH

Address Line 4: Irvine, CALIFORNIA 92614

ATTORNEY DOCKET NUMBER:	6093-ASSIGNMENT (12)
NAME OF SUBMITTER:	Joel D. Covelman
Signature:	/Joel D. Covelman/
Date:	10/29/2013
Total Attachments: 2 source=Edge Systems LLC#page1.tif source=Edge Systems LLC#page2.tif	

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State of California Secretary of State

LLC-1A

File #

ENDORSED - FILED in the office of the Secretary of State of the State of California

NOV 28 2012

Limited Liability Company Articles of Organization - Conversion

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. NAME OF LIMITED LIABILITY COMPANY (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

Edge Systems LLC

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (Check only one)

ONE MANAGER

MORE THAN ONE MANAGER

ALL LIMITED LIABILITY COMPANY MEMBER(S)

4. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE

CITY

STATE

ZIP CODE

2277 Redondo Avenue

Signal Hill

CA

90755

5. NAME OF AGENT FOR SERVICE OF PROCESS (Item 5: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 6: If the agent is an individual, enter the agent's business or residential address in California. Item 7: If the converting entity is a California limited partnership, enter the mailing address of the individual or corporate agent. Check the box and omit the mailing address if the agent's mailing address is the same as the address in item 6.)

Roger G. Ignon

6. IF AN INDIVIDUAL, ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA

CITY

STATE

ZIP CODE

2277 Redondo Avenue

Signal Hill

CA

90755

7. MAILING ADDRESS OF AGENT FOR SERVICE OF PROCESS

CITY

STATE

ZIP CODE

THE MAILING ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IS THE SAME AS THE AGENT'S BUSINESS OR RESIDENTIAL ADDRESS IN ITEM 6.

Converting Entity Information

8. NAME OF CONVERTING ENTITY

Edge Systems Corporation

9. FORM OF ENTITY

Corporation

10. JURISDICTION

California

11. CA SECRETARY OF STATE FILE NUMBER, IF ANY

2055825

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING FOR EACH CLASS:

STATE THE CLASS AND NUMBER OF OUTSTANDING INTERESTS ENTITLED TO VOTE AND THE PERCENTAGE VOTE REQUIRED OF EACH CLASS

Common Stock

30,000 shares outstanding

51%

Additional Information

13. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

14. I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

November 27, 2012

DATE

SIGNATURE OF AUTHORIZED PERSON

William Cohen, President

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

Roger Ignon, Assistant Secretary

TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

01121110



I hereby certify that the foregoing
transcript of _____ page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

DEC 08 2012

Date: _____

Handwritten signature of Debra Bowen in cursive.

DEBRA BOWEN, Secretary of State

TRADEMARK

RECORDED: 06/09/2013

REEL: 006075 FRAME: 0248