

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM431015

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Consolidated Services Group, Inc.		04/11/1991	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Consolidated Services Group LLC		
Street Address:	1555 Bustard Road		
Internal Address:	Suite 100		
City:	Lansdale		
State/Country:	PENNSYLVANIA		
Postal Code:	19446		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	78696627	MEDLOGIX	
Registration Number:	5113587	MEDICAL ABILITY. TECHNICAL AGILITY.	
CORRESPONDENCE DATA			
Fax Number:	2156611540		
<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:	215-661-0500		
Email:	sanderson@conservgrp.com		
Correspondent Name:	Sarah Anderson		
Address Line 1:	1555 Bustard Rd.		
Address Line 2:	Suite 100		
Address Line 4:	Lansdale, PENNSYLVANIA 19446		
NAME OF SUBMITTER:	Sarah Anderson		
SIGNATURE:	/sarah anderson/		
DATE SIGNED:	06/13/2017		
Total Attachments: 8			
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State of Delaware

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 P.O. BOX 898
 DOVER, DELAWARE 19903

9697216
 HALPERN & LEVY, P.C.
 1204 TOWNSHIP LINE ROAD
 DREXEL HILL, PA 19026

04-21-2017

ATTN: ROBERT S. LEVY

DESCRIPTION	AMOUNT
6386572 - CONSOLIDATED SERVICES GROUP, LLC 0101G Foreign Entity to Dom Alternative Entity	
<i>Conversion Fee</i>	<i>\$180.00</i>
<i>Formation Fee</i>	<i>\$70.00</i>
<i>Court Municipality Fee, Wilm.</i>	<i>\$40.00</i>
<i>Expedite Fee, 24 Hour</i>	<i>\$100.00</i>
<i>Expedite Fee, 24 Hour</i>	<i>\$50.00</i>
<i>TOTAL CHARGES</i>	<i>\$440.00</i>
<i>TOTAL PAYMENTS</i>	<i>\$440.00</i>
<i>BALANCE</i>	<i>\$0.00</i>

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:16 PM 04/18/2017
FILED 03:41 PM 04/19/2017
SR 20172595713 - File Number 6386572

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 PA.
- 2.) The jurisdiction immediately prior to filing this Certificate is PA.
- 3.) The date the corporation first formed is 04/11/1991.
- 4.) The name of the Corporation immediately prior to filing this Certificate is Consolidated Services Group, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Consolidated Services Group, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
18th day of April, A.D. 2017.

By: Michael A. Morone, Sr
Authorized Person

Name: MICHAEL A. MORONE, PRESIDENT
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:16 PM 04/18/2017
FILED 03:41 PM 04/19/2017
SR 20172595713 - File Number 6386572

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

- **First:** The name of the limited liability company is Consolidated Services Group, 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.)


[Empty rectangular box for additional matters]

In Witness Whereof, the undersigned have executed this Certificate of Formation this 18th day of April, 20 2017

By: Michael A. Morlone
Authorized Person(s)

Name: MICHAEL A. MORLONE, PRESIDENT
Typed or Printed

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Return per instructions on the expedite counter form.	<p>Statement of Conversion</p>  <p>TCO170419JM0443</p>
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Read all instructions p

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Consolidated Services Group, Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

04/11/1991
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

DSCB:15-355-2

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p> <p>(a) <u>1555 Bustard Rd Ste 100</u> <u>Lansdale</u> <u>PA</u> <u>19446</u> <u>Montgomery</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____ <small>Number and street City State Zip</small></p>

B. For the converted association:

1. The name of the converted association is: Consolidated Services Group, LLC

2. The jurisdiction of formation of the converted association is: Delaware

3. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

DSCB:15-355-3

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) <u>1555 Bustard Rd Ste 100</u> <u>Lansdale</u> <u>PA</u> <u>19446</u> <u>Montgomery</u></p> <p style="font-size: small; margin-left: 20px;">Number and street City State Zip County</p> <p>(b) <i>c/o</i>: _____</p> <p style="font-size: small; margin-left: 20px;">Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p style="font-size: small; margin-left: 20px;">Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> <p style="font-size: small; margin-left: 20px;">Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____</p> <p style="font-size: small; margin-left: 20px;">Name of Registered Agent</p> <p>_____</p> <p style="font-size: small; margin-left: 20px;">Number and street City State Zip</p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
 - This Statement of Conversion shall be effective on: _____ at _____
- Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 18th day of April, 2017


Consolidated Services Group, Inc.
Name of Converting Association

Michael A. Morre
Signature

PRESIDENT
Title

President

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Name _____ Address _____ City _____ State _____ Zip Code _____ <input type="checkbox"/> Return document by email to: _____	Foreign Registration Statement DSCB:15-412 (7/1/2015)  412
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Consolidated Services Group, LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

A resolution of the governors adopting the name in 2A for use in registering to do business in this Commonwealth must be attached.

3. The jurisdiction of formation is: Delaware

4. The street and mailing address of the association's principal office.

1555 Bustard Road, Suite 100	Lansdale	PA	19446
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

1209 Orange Street	Wilmington	DE	19801
Number and street	City	State	Zip

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) _____
 Number and street City State Zip County

OR

(b) c/o: CT Corporation System Dauphin
 Name of Commercial Registered Office Provider County

6. Check one of the following:

- The association may not have series.
- The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
- The Foreign Registration Statement shall be effective on: _____ at _____
 Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

- The association is a limited liability company which is not organized to render any of the below professional service(s).
- The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Law | <input type="checkbox"/> Medicine and surgery |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Osteopathic medicine and surgery | <input type="checkbox"/> Podiatric medicine | <input type="checkbox"/> Public accounting |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Veterinary medicine | | |

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this _____ day of _____, 20_____.

Consolidated Services Group, LLC

 Name of Association

Michael A. Momme

 Signature

PRESIDENT

 Title