

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM450423

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Happet Corporation		07/04/2014	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	VIP PetCare, LLC		
Street Address:	5813 Skylane Blvd.		
City:	Windsor		
State/Country:	CALIFORNIA		
Postal Code:	95492		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4438712	VIP PETCARE	
CORRESPONDENCE DATA			
Fax Number:	7075264707		
<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:	(707) 526 4200		
Email:	jdawson@cmprlaw.com		
Correspondent Name:	John B. Dawson		
Address Line 1:	100 B Street, Suite 400		
Address Line 4:	Santa Rosa, CALIFORNIA 95401		
NAME OF SUBMITTER:	John B. Dawson		
SIGNATURE:	/John B. Dawson/		
DATE SIGNED:	11/09/2017		
Total Attachments: 2			
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source=VIP - CONVERSION of HapyPet to VIP PetCare, LLC (00342093x9C71C)#page2.tif			

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**State of California
Secretary of State**

**Limited Liability Company
Articles of Organization - Conversion**

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LLC-1A

File # ~~201421610186~~

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FILED
Secretary of State
State of California

AUG 04 2014

IMPORTANT — Read all instructions before completing this form.

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Converted Entity Information

1. Name of Limited Liability Company (The name must include 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.)

VIP PetCare, 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 California Revised Uniform 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. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code
5813 Skylane Blvd. Windsor CA 95492

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code

6. Name of Initial Agent For Service of Process (Item 6: List a California resident or a California registered corporate agent that agrees to be your initial agent for service of process in case the LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Item 7: If the agent is an individual, list the agent's business or residential street address in California. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file. Item 8: If the converting entity is a CA limited partnership, enter the mailing address of the agent, if different from Item 7, or if the agent is a California registered corporate agent.)

Kenneth S. Pecoraro

7. If an individual, Street Address of Agent for Service of Process in CA City State Zip Code
5813 Skylane Blvd. Windsor CA 95492

8. Mailing Address of Agent for Service of Process City State Zip Code

Converting Entity Information

9. Name of Converting Entity
Hapypet Corporation

10. Form of Entity corporation 11. Jurisdiction CALIFORNIA 12. CA Secretary of State File Number, if any 2063718

13. 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, the following was required for each class:

The class and number of outstanding interests entitled to vote. AND The percentage vote required of each class.
200 shares of Common Stock more than 50%

Additional Information

14. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

15. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Will D. Santana, CEO

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Kenneth S. Pecoraro, CFO

Type or Print Name and Title of Authorized Person

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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.

AUG 04 2014

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State