

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM448697

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
HOME BENEFITS, INC.		09/07/2017	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	HOME BENEFITS, LLC		
Street Address:	1440 MAIN STREET		
City:	SARASOTA		
State/Country:	FLORIDA		
Postal Code:	34236		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3697913	HOME BENEFITS, INC. HB	
CORRESPONDENCE DATA			
Fax Number:	6173424001		
<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:	6173424000		
Email:	IPDocketing@foley.com,bcorbin@foley.com		
Correspondent Name:	NICOLE GAGE		
Address Line 1:	FOLEY & LARDNER LLP		
Address Line 2:	3000 K STREET N.W., SUITE 600		
Address Line 4:	WASHINGTON, D.C. 20007		
ATTORNEY DOCKET NUMBER:	117422-0101		
NAME OF SUBMITTER:	BOBBIE-JEAN CORBIN		
SIGNATURE:	/bobbie-jean corbin/		
DATE SIGNED:	10/26/2017		
Total Attachments: 2			
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source=117422-0101 2017-09-07 Certificate of Conversion for HOME BENEFITS LLC#page2.tif			

OP \$40.00 3697913

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:27 PM 09/07/2017
FILED 04:27 PM 09/07/2017
SR 20176063159 - File Number 2076149

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

1. The jurisdiction where the Corporation first formed is the **State of Delaware**.
2. The jurisdiction immediately prior to filing this Certificate is the **State of Delaware**.
3. The date the Corporation first formed is **November 19, 1985**.
4. The name of the Corporation immediately prior to filing this Certificate is **Home Benefits, Inc.**
5. The name of the Delaware Limited Liability Company as set forth in the Certificate of Formation is **Home Benefits, LLC**.

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 7th day of September, 2017.

By: /s/ D. Scott Libertore
D. Scott Libertore, Authorized Person

State of Delaware
Secretary of State
Division of Corporations
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CERTIFICATE OF FORMATION

OF

HOME BENEFITS, LLC

The undersigned, being an authorized person, for the purpose of forming a limited liability company under the Delaware Limited Liability Company Act, Chapter 18, Title 6, Delaware Code, Section 18-101 et seq (the "Act"), hereby certifies pursuant to Section 18-201(a) of the Act, that:

1. The name of the limited liability company is Home Benefits, LLC.
2. The address of its registered office in the State of Delaware is 3411 Silverside Road Tatnall Building #104, New Castle County, in the City of Wilmington, DE 19810. The name of its registered agent at such address is Corporate Creations Network Inc.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of this 7th day of September, 2017.

/s/ D. Scott Libertore
D. Scott Libertore, Authorized Person