

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM452063

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Medusind Solutions of Florida, Inc.		03/22/2016	Corporation: FLORIDA
RECEIVING PARTY DATA			
Name:	Medusind Inc.		
Street Address:	815 Herndon Ave. Ste 100		
City:	Orlando		
State/Country:	FLORIDA		
Postal Code:	32803		
Entity Type:	Corporation: FLORIDA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	4249621	BILAMERICA INC.	
Registration Number:	4249620	BILAMERICA INC.	
CORRESPONDENCE DATA			
Fax Number:	7408922118		
<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:	7408172381		
Email:	JeffMFurr@FurrLawFirm.com		
Correspondent Name:	Jeffrey M. Furr		
Address Line 1:	2622 Debolt Road		
Address Line 4:	Utica, OHIO 43080		
NAME OF SUBMITTER:	Jeffrey M. Furr		
SIGNATURE:	/jmf/		
DATE SIGNED:	11/24/2017		
Total Attachments: 8			
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2016

SHARON GIMMA
MEDUSIND SOLUTIONS OF FLORIDA
815 HERNDON AVE STE 100
ORLANDO, FL 32803

Re: Document Number 480023

The Articles of Amendment to the Articles of Incorporation for MEDUSIND SOLUTIONS OF FLORIDA, INC. which changed its name to MEDUSIND INC., a Florida corporation, were filed on March 22, 2016.

The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Cathy A Carrothers
Regulatory Specialist
Division of Corporations

Letter Number: 416A00006296

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32304

TRADEMARK
REEL: 006213 FRAME: 0174

State of Florida



Department of State

I certify from the records of this office that MEDUSIND INC. is a corporation organized under the laws of the State of Florida, filed on July 2, 1975.

The document number of this corporation is 480023.

I further certify that said corporation has paid all fees due this office through December 31, 2015, that its most recent annual report/uniform business report was filed on March 5, 2015, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-eighth day of March, 2016



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on March 22, 2016, to Articles of Incorporation for MEDUSIND SOLUTIONS OF FLORIDA, INC. which changed its name to MEDUSIND INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is 480023.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-eighth day of March, 2016



CR2EO22 (1-11)

Ken Retzner

Ken Retzner
Secretary of State

TRADEMARK

REEL: 006213 FRAME: 0176

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Medusind Solutions of Florida Inc.

DOCUMENT NUMBER: 480023

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon Gimma

Name of Contact Person

Medusind Solutions of Florida Inc.

Firm/ Company

815, Herndon Avenue, Suite 100,

Address

Orlando, Florida - 32803

City/ State and Zip Code

Sharong@medusind.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Gimma at (407) 422 9831 ext 1005
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|--|---|---|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

Articles of Amendment
to
Articles of Incorporation
of

2016 MAR 22 PM 5:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Medusind Solutions of Florida Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

480023

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

Medusind Inc. *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

NA

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent NA

(Florida street address)

New Registered Office Address: _____, Florida
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	NA	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

14th March 2016

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

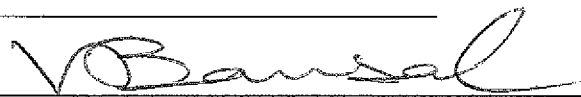
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

14th march 2016
Dated _____

Signature  _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Vipul Bansal

(Typed or printed name of person signing)

Director

(Title of person signing)