

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM457350

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Medifleet, Inc.		12/28/2017	Corporation: CONNECTICUT
RECEIVING PARTY DATA			
Name:	Medifleet, LLC		
Street Address:	2251 Lynx Lane		
Internal Address:	Suite 7		
City:	Orlando		
State/Country:	FLORIDA		
Postal Code:	32804		
Entity Type:	Limited Liability Company: CONNECTICUT		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3373612	MEDIFLEET	
CORRESPONDENCE DATA			
Fax Number:	4843622630		
<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:	215-839-1000		
Email:	ipolonsky@rccblaw.com		
Correspondent Name:	Royer Cooper Cohen Braunfeld LLC		
Address Line 1:	100 N. 18th Street		
Address Line 2:	Suite 710		
Address Line 4:	Philadelphia, PENNSYLVANIA 19103		
NAME OF SUBMITTER:	Ian S. Polonsky, Esq.		
SIGNATURE:	/isp/		
DATE SIGNED:	01/09/2018		
Total Attachments: 4			
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OP \$40.00 3373612

STATE OF CONNECTICUT
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 34-635 OF THE CONNECTICUT GENERAL STATUTES

- 1.) The name of the converting entity is **Medifleet, Inc.**, a corporation incorporated under the laws of the State of Connecticut.
- 2.) The name of the converted entity is **Medifleet, LLC**, a limited liability company organized under the laws of the State of Connecticut.
- 3.) This Certificate of Conversion shall be effective upon filing.
- 4.) The plan of conversion of the converting entity was approved in accordance with Section 34-633 of the Connecticut General Statutes.
- 5.) The text of the public organic document of **Medifleet, LLC** is attached hereto.

This Certificate of Conversion has been signed on behalf of the converting entity on this 28th day of December, 2017.

MEDIFLEET, INC.

By: 

Name: Walter P. Maner, IV

Title: Secretary

Attachment

CERTIFICATE OF ORGANIZATION

(see attached)



SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 160470, HARTFORD, CT 06115-0470
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106
 PHONE: 860-509-6003 WEBSITE: [WWW.CONNORPDOC.S CT.GOV](http://www.conncorpdocs.ct.gov)

**CERTIFICATE OF ORGANIZATION
 LIMITED LIABILITY COMPANY - DOMESTIC**

C.G.S. §34-247


USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Capitol Services - Corporate Filings Team MAILING ADDRESS: P O Box 1831 CITY: Austin STATE: TX ZIP: 78767		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.) Medifleet, LLC		
2. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS STREET: 6 CORPORATE RIDGE ROAD, SUITE 201 CITY: HAMDEN STATE: CONNECTICUT ZIP: 06514		
3. MAILING ADDRESS, REQUIRED: PROVIDE FULL ADDRESS. P.O. BOX IS ACCEPTABLE STREET OR P.O. BOX: 2251 LYNX LANE, SUITE 7 CITY: ORLANDO STATE: FLORIDA ZIP: 32804		
4. APPOINTMENT OF REGISTERED AGENT - REQUIRED: (COMPLETE A OR B NOT BOTH) <input type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. SIGNATURE ACCEPTING APPOINTMENT: PRINT OR TYPE FULL LEGAL NAME: X		
BUSINESS ADDRESS (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"		CONNECTICUT RESIDENCE ADDRESS (REQUIRED) (P.O. BOX NOT ACCEPTABLE)
STREET: CITY: STATE: ZIP:		STREET: CITY: STATE: ZIP:
CONNECTICUT MAILING ADDRESS - REQUIRED: (P.O. BOX ACCEPTABLE) STREET OR P.O. BOX: CITY: STATE: ZIP:		

Note: DO NOT COMPLETE 4B IF AGENT APPOINTED IN 4A.

B. IF AGENT IS A BUSINESS:
 PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:
 Corporation Service Company

CONNECTICUT BUSINESS ADDRESS <small>(P.O. BOX UNACCEPTABLE)</small>		CONNECTICUT MAILING ADDRESS <small>(P.O. BOX ACCEPTABLE) (REQUIRED)</small>	
STREET: 50 Weston Street		STREET OR P.O. BOX: 50 Weston Street	
CITY: Hartford		CITY: Hartford	
STATE: CT	ZIP: 06120-1537	STATE: CT	ZIP: 06120-1537

SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:
Corporation Service Company
 x  Ashley Isbert
 Assistant Vice President

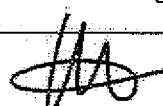
PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF AGENT:
 Ashley Isbert, Assistant Vice President

5. MANAGER OR MEMBER INFORMATION REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE U.C.)
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O. Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O. Box)
Fleetlogistics Holdings, LLC	Member	2251 LYNX LANE, SUITE 7, ORLANDO, FLORIDA, 32804	2251 LYNX LANE, SUITE 7, ORLANDO, FLORIDA, 32804

6. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE.") DO NOT LEAVE BLANK
 None

7. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)
 DATE (MM/DD/YYYY) 12/28/2017

NAME OF ORGANIZER (print/type)	SIGNATURE
Walter P. Maner, IV Secretary of Fleetlogistics Holdings, LLC	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE FOLLOWING YEAR THAT THE ENTITY WAS FORMED/REGISTERED BETWEEN JAN 1ST AND APR 1ST AND CAN BE EASILY FILED ONLINE @ www.concord-sots.ct.gov
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO WWW.GLOQQV.D/S