

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM465415

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Gulf Coast Pain Consultants, PLLC		02/26/2018	Professional Limited Liability Company: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	GULF COAST PAIN CONSULTANTS, LLC		
<b>Street Address:</b>	4724 N. Davis Highway, Suite 210		
<b>City:</b>	Pensacola		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32503		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4743128	GULF COAST PAIN INSTITUTE AND "RELIEVING	
<b>Registration Number:</b>	4787424	NO PAIN. ONE PLACE. THE GULF COAST PAIN	
<b>Registration Number:</b>	4796775	RELIEVING PAIN, RESTORING FUNCTION, RENE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3129847700		
<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>			
<b>Phone:</b>	312-372-2000		
<b>Email:</b>	umattsson@mwe.com, kwalsh@mwe.com		
<b>Correspondent Name:</b>	McDermott Will & Emery LLP		
<b>Address Line 1:</b>	444 W. Lake Street, Suite 4000		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60606-0029		
<b>NAME OF SUBMITTER:</b>	Ulrika E. Mattsson		
<b>SIGNATURE:</b>	/Ulrika E. Mattsson/		
<b>DATE SIGNED:</b>	03/13/2018		
<b>Total Attachments: 1</b> source=Gulf Coast#page1.tif			

CH \$90.00 4743128

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Amended and Restated Articles of Organization, filed on February 23, 2018, for GULF COAST PAIN CONSULTANTS, PLLC which changed its name to GULF COAST PAIN CONSULTANTS, LLC, a Florida limited liability company, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H18000062238. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this limited liability company is L13000023220.

Authentication Code: 818A00003912-022618-L13000023220-1/1

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Twenty-sixth day of February, 2018



*Ken Detzner*

Ken Detzner  
Secretary of State

TRADEMARK