

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM466852

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
HELP AT HOME, INC.		06/29/2015	Corporation: ILLINOIS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	HELP AT HOME, LLC		
<b>Street Address:</b>	1 North State Street		
<b>Internal Address:</b>	Ste. 800		
<b>City:</b>	Chicago		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60602		
<b>Entity Type:</b>	Limited Liability Company: ILLINOIS		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4119741	HELP AT HOME INC.	
<b>Registration Number:</b>	4156147	HELP AT HOME INC.	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3175925453		
<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>	3172365946		
<b>Email:</b>	ipdocket@icemiller.com		
<b>Correspondent Name:</b>	THOMAS A. WALSH		
<b>Address Line 1:</b>	ONE AMERICAN SQUARE, SUITE 2900		
<b>Address Line 4:</b>	INDIANAPOLIS, INDIANA 46282		
<b>ATTORNEY DOCKET NUMBER:</b>	23274.0020		
<b>NAME OF SUBMITTER:</b>	Thomas A. Walsh		
<b>SIGNATURE:</b>	/Thomas A. Walsh/		
<b>DATE SIGNED:</b>	03/23/2018		
<b>Total Attachments: 3</b>			
source=EntityChangeHelpAtHome#page1.tif			
source=EntityChangeHelpAtHome#page2.tif			
source=EntityChangeHelpAtHome#page3.tif			

CH \$65.00 4119741



# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY

State Form 39034 (R10 / 4-12) Corporate Form No. 115

Approved by the State Board of Accounts, 2007

INDIANA SECRETARY OF STATE  
RECEIVED

CONNIE LAWSON  
SECRETARY OF STATE  
BUSINESS SERVICES DIVISION  
302 W. Washington Street, Room E018  
Indianapolis, Indiana 46204  
Telephone: (317) 232-6576

2015 JUN 29 AM 11:24

NOTE: An Original Certificate of Existence duly authenticated by the proper authority of the corporation's domiciliary state within the last sixty (60) days must be submitted with this application.

Indiana Code 23-1-49-4; 23-17-26-4

- INSTRUCTIONS:
1. Use 8 1/2" x 11" white paper for attachments.
  2. Present original and one copy to address in upper right corner of this form.
  3. Please TYPE or PRINT.
  4. Please visit our office on the web at [www.sos.in.gov](http://www.sos.in.gov).

Filing Fee: \$ 30.00

Make check or money order payable to Secretary of State

Indiana Secretary of State  
Packet: 2002071900009  
Filing Date: 06/29/2015  
Effective Date: 06/29/2015

## APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY OF

HELP AT HOME, INC.

Name of Corporation

### A FOREIGN CORPORATION ADMITTED TO TRANSACTION BUSINESS IN INDIANA

APPROVED  
AND  
FILED

*Connie Lawson*  
IND. SECRETARY OF STATE

The undersigned officers of HELP AT HOME, INC.

(hereinafter referred to as the "Corporation"), which exists pursuant to the provisions of the laws of ILLINOIS

as amended, desire to obtain an Amended Certificate of Authority.

1. The above Corporation received a Certificate of Authority to transact business in the State of Indiana on the 7TH day of JULY, 20 02.

2. The Corporation desires to change its corporate name in Indiana as follows:  
HELP AT HOME, LLC

3. The Corporation has changed the period of its duration from N/A to \_\_\_\_\_.

4. The Corporation has changed the state or country of its incorporation from N/A to \_\_\_\_\_.

5. The Corporation has converted the entity type to a LIMITED LIABILITY COMPANY.

In Witness Whereof, the undersigned, being the PRESIDENT of said Corporation executes this Application for Amended Certificate of Authority and verifies, subject to penalties of perjury, that the

statements contained herein are true, this 29TH day of JUNE, 20 15.

Signature

*Ronald Ford*

Printed name

RONALD FORD

File Number

0522466-7

INDIANA SECRETARY  
RECEIVED

2015 JUN 29



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

HELP AT HOME, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 19, 2015, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1517702468 verifiable until 06/26/2016  
Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 26TH*  
*day of JUNE A.D. 2015 .*

*Jesse White*

SECRETARY OF STATE

TRADEMARK  
REEL: 006338 FRAME: 0316

Indiana Secretary of State  
Packet: 2002071900009  
Filing Date: 06/29/2015  
Effective Date: 06/29/2015

**State of Indiana  
Office of the Secretary of State**

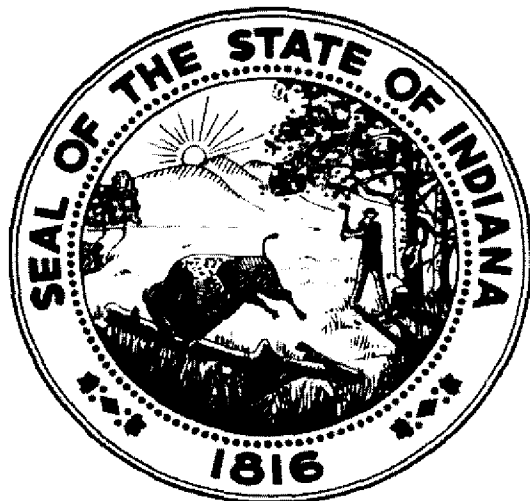
APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY  
of  
**HELP AT HOME, INC.**

I, CONNIE LAWSON, Secretary of State of Indiana, hereby certify that Application for Amended Certificate of Authority of the above Illinois For-Profit Foreign Corporation has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

The name following said transaction will be:

**HELP AT HOME, LLC**

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, June 29, 2015.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 29, 2015.

*Connie Lawson*

CONNIE LAWSON,  
SECRETARY OF STATE

2002071900009 / 2015063053946