

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM475354

| | | | |
|---|-------------------------------------|-----------------------|-------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | CHANGE OF NAME | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Emergency Communications Network, LLC | | 05/05/2017 | Limited Liability Company: DELAWARE |
| RECEIVING PARTY DATA | | | |
| Name: | Onsolve, LLC | | |
| Street Address: | 780 W. Granada Blvd. | | |
| City: | Ormond Beach | | |
| State/Country: | FLORIDA | | |
| Postal Code: | 32174 | | |
| Entity Type: | Limited Liability Company: DELAWARE | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 3222362 | CODERED | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 3216339322 | | |
| <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: | 3216335080 | | |
| Email: | brianss.rosanne@vol.com | | |
| Correspondent Name: | Brian S. Steinberger | | |
| Address Line 1: | 101 Brevard Avenue | | |
| Address Line 4: | Cocoa, FLORIDA 32922 | | |
| ATTORNEY DOCKET NUMBER: | PC-2100 | | |
| NAME OF SUBMITTER: | Brian S. Steinberger | | |
| SIGNATURE: | /Brian S. Steinberger/ | | |
| DATE SIGNED: | 05/24/2018 | | |
| Total Attachments: 5 | | | |
| source=Onsolve name change#page1.tif | | | |
| source=Onsolve name change#page2.tif | | | |
| source=Onsolve name change#page3.tif | | | |
| source=Onsolve name change#page4.tif | | | |

CH \$40.00 3222362

To: Page 6 of 6
6/15/2017

M1100005232

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170001584923))



H170001584923ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2017 JUN 14 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 JUN 14 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EMERGENCY COMMUNICATIONS NETWORK, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu Help

JUN 15 2017

Y SULKER

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Emergency Communications Network, LLC

Enter new principal office address, if applicable:

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable:

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: MI1000005232

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/19/2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: OnSolve, LLC

(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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17 JUN 14 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

| Title/Capacity | Name | Address | Type of Action |
|----------------|--------------------------------------|--|--|
| MGRM | OnSolve Intermediate Holding Company | 780 W. Granada Boulevard, Ormond Beach, FL 32174 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| MGRM | ECN Intermediate Holding Company | 780 W. Granada Boulevard, Ormond Beach, FL 32174 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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 THE STATE OF
 FLORIDA

FILED

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

D. Wain Kellum
 Signature of the authorized representative

D. Wain Kellum

 Typed or printed name of signer

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "EMERGENCY COMMUNICATIONS NETWORK, LLC", CHANGING ITS NAME FROM "EMERGENCY COMMUNICATIONS NETWORK, LLC" TO "ONSOLVE, LLC", FILED IN THIS OFFICE ON THE FIFTH DAY OF JUNE, A.D. 2017, AT 12:06 O'CLOCK P.M.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

5046375 8100
 SR# 20174731900

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202702479
 Date: 06-13-17

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:06 PM 06/05/2017
FILED 12:06 PM 06/05/2017
SR 20174876127 File Number: 5046375

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF FORMATION
OF

EMERGENCY COMMUNICATIONS NETWORK, LLC

Pursuant to Section 18-202 of the
Delaware Limited Liability Company Act

1. The name of the limited liability company is Emergency Communications Network, LLC (the "Company").
2. The Certificate of Formation of the Company is hereby amended to change the name of the Company to OnSolve, LLC.
3. Accordingly, Article 1. of the Certificate of Formation shall, as amended, read as follows:

"FIRST: The name of the limited liability company is OnSolve, LLC."

IN WITNESS WHEREOF, the undersigned authorized person has executed this Certificate of Amendment this 5th day of May, 2017.

EMERGENCY COMMUNICATIONS
NETWORK, LLC

By: /s/ D. Wain Kellum
Name: D. Wain Kellum
Title: Authorized Person