

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM476865

|   |                                       |                       |                            |
|---|---------------------------------------|-----------------------|----------------------------|
| <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>         |
| AKESO, LLC  |                                       | 11/24/2004            | Limited Liability Company: |
| <b>RECEIVING PARTY DATA</b>   |                                       |                       |                            |
| <b>Name:</b>  | AKESO HEALTH SCIENCES, LLC            |                       |                            |
| <b>Street Address:</b>  | 4607 Lakeview Canyon, #561            |                       |                            |
| <b>City:</b>  | Westlake Village                      |                       |                            |
| <b>State/Country:</b>   | CALIFORNIA                            |                       |                            |
| <b>Postal Code:</b>   | 91361                                 |                       |                            |
| <b>Entity Type:</b>   | Limited Liability Company: CALIFORNIA |                       |                            |
| <b>PROPERTY NUMBERS Total: 1</b>  |                                       |                       |                            |
| <b>Property Type</b>  | <b>Number</b>                         | <b>Word Mark</b>      |                            |
| <b>Serial Number:</b>   | 86447897                              | SLEEP ALL NIGHT       |                            |
| <b>CORRESPONDENCE DATA</b>  |                                       |                       |                            |
| <b>Fax Number:</b>  | 9284530293                            |                       |                            |
| <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>   | 928-453-0293                          |                       |                            |
| <b>Email:</b>   | Lsvanlan@hotmail.com                  |                       |                            |
| <b>Correspondent Name:</b>  | L. S. VanLandingham III               |                       |                            |
| <b>Address Line 1:</b>  | 91 Lakemaster Lane                    |                       |                            |
| <b>Address Line 4:</b>  | Lake Havasu City, ARIZONA 86403       |                       |                            |
| <b>ATTORNEY DOCKET NUMBER:</b>  | SLEEP ALL NIGHT                       |                       |                            |
| <b>NAME OF SUBMITTER:</b>   | L. S. VanLandingham III               |                       |                            |
| <b>SIGNATURE:</b>   | /lsvanlandingham/                     |                       |                            |
| <b>DATE SIGNED:</b>   | 06/05/2018                            |                       |                            |
| <b>Total Attachments: 1</b>   |                                       |                       |                            |
| source=LLC document 12-07-2004#page1.tif  |                                       |                       |                            |

OP \$40.00 86447897



**State of California**  
**Kevin Shelley**  
**Secretary of State**

**LIMITED LIABILITY COMPANY**  
**CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form.

**IMPORTANT - Read instructions before completing this form.**

**FILED**  
in the office of the Secretary of State  
of the State of California

DEC 07 2004

*Kevin Shelley*  
KEVIN SHELLEY, SECRETARY OF STATE

This Space For Filing Use Only

|   |  |
|---|--|
| 1. SECRETARY OF STATE FILE NUMBER<br>200430210091   | 2. NAME OF LIMITED LIABILITY COMPANY<br>AKESO, LLC |
| 3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.  |  |
| A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")<br>AKESO HEALTH SCIENCES, LLC  |  |
| B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):<br><input type="checkbox"/> ONE MANAGER<br><input type="checkbox"/> MORE THAN ONE MANAGER<br><input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)  |  |
| C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:   |  |
| D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION. |  |
| 4. FUTURE EFFECTIVE DATE, IF ANY:<br>MONTH DAY YEAR   |  |
| 5. NUMBER OF PAGES ATTACHED, IF ANY:  |  |
| 6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.<br><i>Steven Hendrix</i><br>SIGNATURE OF AUTHORIZED PERSON<br>NOVEMBER 24, 2004<br>DATE<br>STEVEN HENDRIX, MANAGER<br>TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON                           |  |
| 7. RETURN TO:<br>NAME EDWARD S. GELFAND, ESQ.<br>FIRM GELFAND STEIN & WASSON LLP<br>ADDRESS 11788 WILSHIRE BOULEVARD, SUITE 1230<br>CITY/STATE LOS ANGELES, CALIFORNIA<br>ZIP CODE 90025  |  |