

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM494308

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MASTERSPAS, INC.		11/03/2017	Corporation:
RECEIVING PARTY DATA			
Name:	MASTERSPAS, LLC		
Street Address:	6927 Lincoln Parkway		
City:	Fort Wayne		
State/Country:	INDIANA		
Postal Code:	46804		
Entity Type:	Limited Liability Company: INDIANA		
PROPERTY NUMBERS Total: 9			
Property Type	Number	Word Mark	
Registration Number:	3256820	H2X	
Registration Number:	4188318	ECO PUR	
Registration Number:	4099210	WAVE PROPULSION	
Registration Number:	4045608	MP FORCE	
Registration Number:	4194816	MP RX	
Registration Number:	4231752	TWILIGHT SERIES	
Registration Number:	2651949	ULTIMATE RELAXATION MACHINE	
Registration Number:	4551970	HEALTHY LIVING HOT TUBS	
Registration Number:	5181709	MP MOMENTUM	
CORRESPONDENCE DATA			
Fax Number:	2608979300		
<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:	2608973400		
Email:	dcyr@taylorip.com		
Correspondent Name:	Taylor IP, P.C.		
Address Line 1:	142 S. Main Street		
Address Line 2:	P.O. Box 560		
Address Line 4:	Avilla, INDIANA 46710		
NAME OF SUBMITTER:	Todd T. Taylor		

OP \$240.00 3256820

SIGNATURE:	/Todd T. Taylor, Reg. No. 36945/
DATE SIGNED:	10/17/2018
Total Attachments: 3 source=MASTERSPASLLCCERTOFCONV#page1.tif source=MASTERSPASLLCCERTOFCONV#page2.tif source=MASTERSPASLLCCERTOFCONV#page3.tif	

State of Indiana
Office of the Secretary of State

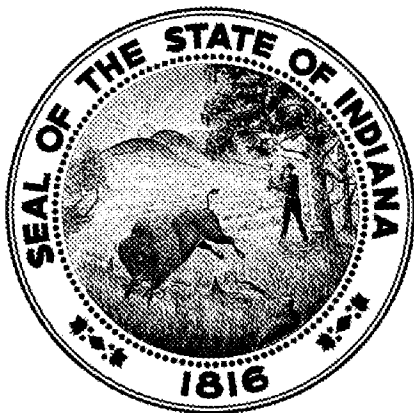
Certificate of Conversion
of
MASTERSPAS, INC

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Conversion of the above Domestic For-Profit Corporation have 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 Flexibility Act.

The name following said transaction will be:

Masterspas, LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, November 03, 2017.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 03, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1996011895 / 7743933

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

TRADEMARK

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State of Indiana
Office of the Secretary of State

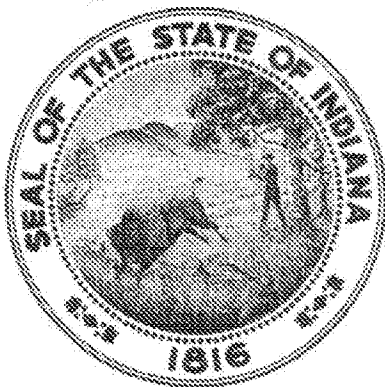
Certificate of Assumed Business Name
of
MASTERSPAS, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that a Certificate of Assumed Business Name of the above Domestic Limited Liability Company 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 Flexibility Act.

Following said transaction, the above named entity will transact business under the assumed business name(s) of:

MASTERSPAS

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, November 07, 2017.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 07, 2017.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1996011895 / 7749209

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

State of Indiana
Office of the Secretary of State

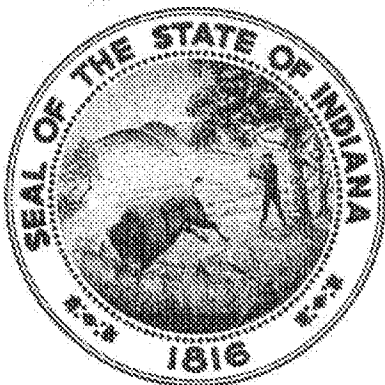
Certificate of Assumed Business Name
of
MASTERSPAS, LLC

I, CONNIE LAWSON, Secretary of State, hereby certify that a Certificate of Assumed Business Name of the above Domestic Limited Liability Company 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 Flexibility Act.

Following said transaction, the above named entity will transact business under the assumed business name(s) of:

MASTER SPAS

NOW, THEREFORE, with this document I certify that said transaction will become effective Wednesday, November 15, 2017.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 15, 2017.

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

1996011895 / 7755445

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>