

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM496947

<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>
Rokform LLC		03/03/2017	Limited Liability Company: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Rokform LLC		
<b>Street Address:</b>	16180 Scientific Way		
<b>City:</b>	Irvine		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	92618		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 13</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4238485	ROKSTAND	
<b>Registration Number:</b>	4039711	ROKFORM	
<b>Registration Number:</b>	4397794	SLIMROK	
<b>Registration Number:</b>	4471887	ROKSHIELD	
<b>Registration Number:</b>	4471886	MAGLOK	
<b>Registration Number:</b>	4478761	ROKFOLIO	
<b>Registration Number:</b>	4304474	ROKBED FUZION	
<b>Registration Number:</b>	4285772	ROKPOD	
<b>Registration Number:</b>	4429590	BEYOND PROTECTION	
<b>Registration Number:</b>	4285771	ROKGARD	
<b>Registration Number:</b>	4442262	ROKLOCK	
<b>Registration Number:</b>	4400567	ROKBED	
<b>Registration Number:</b>	4444144	ROKFORM	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	9497609502		
<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>	949-760-0404		
<b>Email:</b>	efiling@knobbe.com		
<b>TRADEMARK</b>			

OP \$340.00 4238485

**Correspondent Name:** Jonathan A. Menkes  
**Address Line 1:** 2040 Main Street  
**Address Line 2:** 14th Floor  
**Address Line 4:** Irvine, CALIFORNIA 92614

**NAME OF SUBMITTER:** Jonathan A. Menkes

**SIGNATURE:** /JAM/

**DATE SIGNED:** 11/05/2018

**Total Attachments: 1**

source=ROK016Tconversiondoc#page1.tif



State of California  
Secretary of State

Certificate of Conversion

CONV-1A

File # **201110610408**

**FILED**  
Secretary of State  
State of California

**MAR 20 2017**

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

**Converted Entity Information**

1. Name of Converted Entity Rokform LLC			
2. Form of Entity LLC		3. Jurisdiction Delaware	
4. Mailing Address of Chief Executive Office		City	State Zip Code
5. Street Address of Chief Executive Office - Do not list a P.O. Box 16180 Scientific Way		City Irvine	State Zip Code CA 92618
6. Street Address of the California Office, if any - Do not list a P.O. Box		City	State Zip Code CA
7. If the converting entity is a California corporation, limited liability company, limited partnership or general partnership, you must designate an agent for service of process. Item 7a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 7b: If the agent is an individual, list the agent's business or residential street address. Item 7c: If the agent is an individual, list the mailing address of the converted entity's agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.			
a. Name of Agent For Service of Process Jeffrey Whitten			
b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box 16180 Scientific Way		City Irvine	State Zip Code CA 92618
c. If an individual, Mailing Address of Agent for Service of Process 16180 Scientific Way		City Irvine	State Zip Code CA 92618

**Converting Entity Information**

8. Name of Converting Entity Rokform LLC		
9. Form of Entity LLC	10. Jurisdiction California	11. CA Secretary of State File Number, if any 201110610408
12. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class: <u>The class and number of outstanding interests entitled to vote.</u> <b>AND</b> <u>The percentage vote required of each class.</u> 100% membership interest      Greater than 50%		

**Additional Information**

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

14. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct of my own knowledge. I declare I am the person who executed this instrument, which execution is my act and deed.

03/03/2017  
Date

Signature of Authorized Person

Jeffrey Whitten, Manager  
Type or Print Name and Title of Authorized Person

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Type or Print Name and Title of Authorized Person

CONV-1A (REV 01/2015)

APPROVED BY SECRETARY OF STATE