

TRADEMARK ASSIGNMENT COVER SHEET

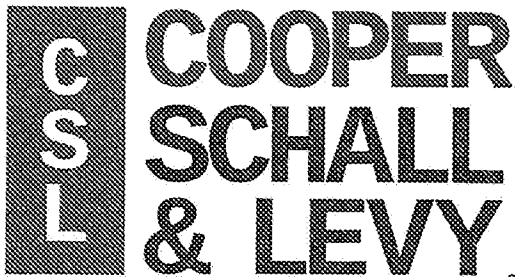
Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM506715

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Consolidated Services Group, Inc.		04/29/2017	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Medlogix, LLC		
Trading As:	Consolidated Services Group		
Street Address:	300 American Metro Boulevard		
Internal Address:	Suite 170		
City:	Hamilton		
State/Country:	NEW JERSEY		
Postal Code:	08619		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	78696627	MEDLOGIX	
CORRESPONDENCE DATA			
Fax Number:	6106324067		
<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:	(610) 668-5478		
Email:	rob@cslattorneys.com		
Correspondent Name:	MEDLOGIX		
Address Line 1:	300 American Metro Boulevard		
Address Line 2:	Suite 170		
Address Line 4:	Hamilton, NEW JERSEY 08619		
NAME OF SUBMITTER:	Robert S. Levy		
SIGNATURE:	/Robert S. Levy/		
DATE SIGNED:	01/21/2019		
Total Attachments: 10			
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Tel: (610) 668-5478 • Fax: (610) 632-4067

2000 Market Street, Suite 1400 • Philadelphia, PA 19103

Tel: (215) 561-3313 • Fax: (215) 246-0693

Mail@CooperSchallandLevy.com • www.CooperSchallandLevy.com

January 15, 2019

VIA ETAS

Assignment Recordation Branch
Director of the U.S. Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

**Re: Trademark: MEDLOGIX
Serial No. 78696627
Registration Date: 2006/08/08
Trademark Assignment**

Dear Sir/Madam:

Please be advised that Consolidated Services Group, Inc (the "Corporation") is the owner of record of the above-referenced Trademark. Since the initial registration of the Trademark, the Corporation has undergone an entity conversion and name change. As a result, the owner of record is currently seeking an assignment of the Trademark.

The Corporation was converted from a Pennsylvania corporation to a Delaware limited liability company, thereby becoming Consolidated Services Group, LLC ("LLC"). As evidence of the same, attached hereto as "Exhibit A" please find: (i) copies of the Statement of Conversion and Foreign Registration Statement that were filed with the Pennsylvania Department of State on April 19, 2017; and (ii) a copy of the Certificate of Conversion from a Corporation to a Limited Liability Company and the Certificate of Formation which were filed with the Delaware Secretary of State on April 29, 2017.

Following the entity conversion, the LLC changed its name to Medlogix, LLC. Attached hereto as "Exhibit B" please find a copy of the Certificate of Amendment that was filed with the Delaware Secretary of State on January 12, 2018 evidencing the name change.

**TRADEMARK
REEL: 006571 FRAME: 0318**

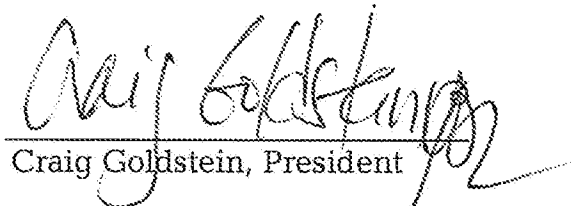
U.S. Patent and Trademark Office
Assignment Recordation Branch
January 15, 2019
Page 2

Upon receipt of my letter, if you have any questions or require any additional information regarding the assignment of the Trademark, please contact the LLC's legal counsel, Robert S. Levy, Esquire, at (610) 668-5478.


Very truly yours,

MEDLOGIX, LLC t/a Consolidated Services
Group (t/k/a Consolidated Services Group,
LLC and Consolidated Services Group, Inc.)

By:


Craig Goldstein, President

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <p style="text-align: center;">Return per instructions on the expedite counter form.</p>	<p style="text-align: center;">Statement of Conversion</p>  <p style="text-align: center;">TCO170419JM0443</p>
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Read all instructions p

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Consolidated Services Group, Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

04/11/1991
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

DSCB:15-355-2

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:				
	(a)	1555 Bustard Rd Ste 100 Number and street	Lansdale City	PA State	19446 Zip
	(b) c/o:	Name of Commercial Registered Office Provider			County
<input type="checkbox"/>	If the converting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:				
	Number and street	City	State	Zip	County
<input type="checkbox"/>	If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:				
	Number and street	City	State	Zip	

B. For the converted association:

- The name of the converted association is: Consolidated Services Group, LLC
- The jurisdiction of formation of the converted association is: Delaware
- The type of association is (check only one):

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

DSCB:15-355-3

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) — not both:				
	(a) 1555 Bustard Rd Ste 100 Number and street	Lansdale City	PA State	19446 Zip	Montgomery County
	(b) c/o: _____ Name of Commercial Registered Office Provider				County
<input type="checkbox"/>	If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:				
	_____	_____	_____	_____	_____
	Number and street	City	State	Zip	County
<input type="checkbox"/>	If the converted association is a nonregistered foreign association, complete both (1) and (2). (1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:				
	_____	_____	_____	_____	
	Number and street	City	State	Zip	
	(2) The name and address, including street and number, of its registered agent:				
	Name of Registered Agent _____				
	_____	_____	_____	_____	
	Number and street	City	State	Zip	

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity — The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association — The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 16th day of April, 2017.

Consolidated Services Group, Inc.


Name of Converting Association

Michael A. Morre
Signature

PRESIDENT
Title

President

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: _____ Name _____ Address _____ City State Zip Code	Foreign Registration Statement DSCB:15-412 (7/1/2015)  412
<input type="checkbox"/> Return document by email to: _____	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

Consolidated Services Group, LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

A resolution of the governors adopting the name in 2A for use in registering to do business in this Commonwealth must be attached.

3. The jurisdiction of formation is: Delaware

4. The street and mailing address of the association's principal office.

<u>1555 Bustard Road, Suite 100</u>	<u>Lansdale</u>	<u>PA</u>	<u>19446</u>
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

<u>1209 Orange Street</u>	<u>Wilmington</u>	<u>DE</u>	<u>19801</u>
Number and street	City	State	Zip

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) _____
Number and street City OR State Zip County

(b) c/o: CT Corporation System _____
Name of Commercial Registered Office Provider Dauphin County

6. Check one of the following:

- The association may not have series.
- The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
- The Foreign Registration Statement shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

The association is a limited liability company which is not organized to render any of the below professional service(s).

The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Law | <input type="checkbox"/> Medicine and surgery |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Osteopathic medicine and surgery | <input type="checkbox"/> Podiatric medicine | <input type="checkbox"/> Public accounting |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Veterinary medicine | | |

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this _____ day of _____, 20_____.

Consolidated Services Group, LLC

Name of Association

Michael A. Monre
Signature

PRESIDENT
Title

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:16 PM 04/18/2017
FILED 03:41 PM 04/19/2017
SR 20172595713 - File Number 6386572

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is PA
- 2.) The jurisdiction immediately prior to filing this Certificate is PA
- 3.) The date the corporation first formed is 04/11/1991
- 4.) The name of the Corporation immediately prior to filing this Certificate is Consolidated Services Group, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Consolidated Services Group, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 18th day of April, A.D. 2012

By: Michael A. Morrone, Sr
Authorized Person

Name: MICHAEL A. MORRONE, PRESIDENT
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:16 PM 04/18/2017
FILED 03:41 PM 04/19/2017
SR 20172595713 - FileNumber 6386572

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

• First: The name of the limited liability company is Consolidated Services Group, LLC

• Second: The address of its registered office in the State of Delaware is 1209 Orange Street in the City of Wilmington
Zip Code 19801

The name of its Registered agent at such address is The Corporation Trust Company

• Third: (Insert any other matters the members determine to include herein.)

[Empty rectangular box for additional matters]

In Witness Whereof, the undersigned have executed this Certificate of Formation this 18th day of April, 202017

By: Michael A. Mollone
Authorized Person(s)

Name: MICHAEL A. MOLLONE, PRESIDENT
Typed or Printed

State of Delaware
Secretary of State
Division of Corporations
Delivered 08:55 AM 01/12/2018
FILED 08:55 AM 01/12/2018
SR 20180219047 - FileNumber 6386572

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Consolidated Services Group, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The limited liability company's name shall be changed to "Medlogix, LLC".

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 17th day of January, A.D. 2018.

By: Craig Goldstein
Authorized Person(s)

Name: Craig Goldstein, President
Print or Type