

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM537477

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
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: 11			
Property Type	Number	Word Mark	
Registration Number:	3329896	LEGACY WHIRLPOOL	
Registration Number:	2450540	MASTER SPAS	
Registration Number:	2341086	DOWN EAST	
Registration Number:	1244347	DOWN EAST	
Registration Number:	5331229	BAR HARBOR	
Registration Number:	5336860	SAN MIGUEL	
Registration Number:	5191375	OCHO RIOS	
Registration Number:	5242959	YOUR PASSPORT TO RELAXATION	
Registration Number:	5304750	GETAWAY HOT TUBS	
Registration Number:	4903718	MASTER BLASTER	
Registration Number:	4566896	LEGEND	
CORRESPONDENCE DATA			
Fax Number:	2604234329		
<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:	2604239411		
Email:	IPTeam@carsonllp.com		
Correspondent Name:	Carson LLP		
Address Line 1:	301 W Jefferson Blvd., Suite 200		
Address Line 4:	Fort Wayne, INDIANA 46802		

OP \$290.00 3329896

TRADEMARK

NAME OF SUBMITTER:	Jon A. Bragalone
SIGNATURE:	/Jon A. Bragalone/
DATE SIGNED:	08/21/2019
Total Attachments: 1 source=Certificate of Conversion 11.3.17#page1.tif	

State of Indiana
Office of the Secretary of State

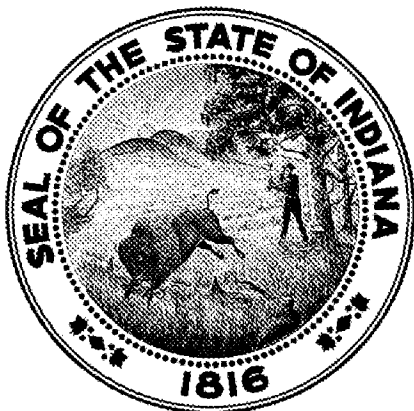
Certificate of Conversion
of
MASTERSPAS, INC

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

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

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