

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM546423

<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>
Touchpoint Health Solutions, Inc.		05/29/2019	Corporation: NEW JERSEY
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Amplity, Inc.		
<b>Street Address:</b>	1000 Floral Vale #400		
<b>City:</b>	Morrisville		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	19067		
<b>Entity Type:</b>	Corporation: NEW JERSEY		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88404745	AMPLITY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>Email:</b>	colleen.brennan@bakermckenzie.com		
<b>Correspondent Name:</b>	David J. Davis		
<b>Address Line 1:</b>	300 East Randolph Street, Suite 5000		
<b>Address Line 2:</b>	Baker & McKenzie LLP		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60601		
<b>NAME OF SUBMITTER:</b>	David J. Davis		
<b>SIGNATURE:</b>	/david j. davis/		
<b>DATE SIGNED:</b>	10/23/2019		
<b>Total Attachments: 1</b>			
source=Change of Name Touchpoint Health Solutions to Amplity#page1.tif			

CH \$40.00 88404745

REG-C-EA  
(08-05)

STATE OF NEW JERSEY  
DIVISION OF REVENUE

Mail to: PO Box 308  
Trenton, NJ 08646

BUSINESS ENTITY AMENDMENT FILING

FEE REQUIRED

Complete the following information and sign in the space provided. Please note that once filed, the information on this page is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount for this filing. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

A. Business Name: Touchpoint Health Solutions, Inc.

Business Entity NJ 10-digit ID number: 0 1 0 0 3 5 0 8 7 3

B. Statutory Authority for Amendment: 14A:9-2(4) & 14A:9-4(3) (See Instructions for List of Statutory Authorities)

C. ARTICLE 1 OF THE CERTIFICATE of the above referenced business is amended to read as follows. (If more space is necessary, use attachment)

1. The name of the corporation (hereinafter called the "Corporation") is Amplify, Inc.

CGN

FILED  
MAY 29 2019  
STATE TREASURER

D. Other Provisions: (Optional) None

E. Date Amendment was Adopted: 5/29/19

F. CERTIFICATION OF CONSENT/VOTING: (If required by one of the following laws cited, certify consent/voting) N.J.S.A. 14A:9-1 et seq. or N.J.S.A. 15A:9-1 et seq., Profit and Non-Profit Corps. Amendment by the Incorporators

Amendment was adopted by unanimous consent of the Incorporators.

N.J.S.A. 14A:9-2(4) and 14A:9-4(3), Profit Corps., Amendment by the Shareholders

Amendment was adopted by the Directors and thereafter adopted by the shareholders.

Number of shares outstanding at the time the amendment was adopted 2,453, and total number of shares entitled to vote thereon 2,453. If applicable, list the designation and number of each class/series of shares entitled to vote:

0100350873

List votes for and against amendment, and if applicable, show the vote by designation and number of each class/series of shares entitled to vote:

<u>Number of Shares Voting for Amendment</u>	<u>Number of Shares Voting Against Amendment</u>
2,453	0

\*\* If the amendment provides for the exchange, reclassification, or cancellation of issued shares, attach a statement indicating the manner in which same shall be effected.

N.J.S.A. 15A:9-4, Non-profit Corps., Amendment by Members or Trustees

The corporation has  does not have  members.

If the corporation has members, indicate the number entitled to vote \_\_\_\_\_, and how voting was accomplished:

At a meeting of the corporation. Indicate the number VOTING FOR \_\_\_\_\_ and VOTING AGAINST \_\_\_\_\_. If any class(es) of members may vote as a class, set forth the number of members in each class, the votes for and against by class, and the number present at the meeting:

Class	Number of Members	Voting for Amendment	Voting Against Amendment
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Adoption was by unanimous written consent without a meeting.

If the corporation does not have members, indicate the total number of Trustees \_\_\_\_\_, and how voting was accomplished:

At a meeting of the corporation. The number of Trustees VOTING FOR \_\_\_\_\_ and VOTING AGAINST \_\_\_\_\_.

Adoption was by unanimous written consent without a meeting.

G. AGENT/OFFICE CHANGE

New Registered Agent: \_\_\_\_\_

Registered Office: ( Must be a NJ street address)

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

H. SIGNATURE(S) FOR THE PUBLIC RECORD (See Instructions for Information on Signature Requirements)

Signature [Signature] Title Michael Griffith, Chief Executive Officer Date 5/29/19

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

The above-signed certifies that the business entity has complied with all applicable NJ statutory filing requirements