

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM550805

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Alexian Brothers of America, Inc.		04/23/2012	Non-Profit Corporation:

## RECEIVING PARTY DATA

<b>Name:</b>	Alexian Brothers Communities and Ministries
<b>Street Address:</b>	600 Alexian Way
<b>City:</b>	Elk Grove Village
<b>State/Country:</b>	ILLINOIS
<b>Postal Code:</b>	60007
<b>Entity Type:</b>	Non-Profit Corporation: TEXAS

## PROPERTY NUMBERS Total: 12

Property Type	Number	Word Mark
Registration Number:	2807981	ALEXIAN BROTHERS
Registration Number:	2724043	ST. ALEXIUS HOSPITAL
Registration Number:	2724044	ST. ALEXIUS MEDICAL CENTER
Registration Number:	2724045	ALEXIAN BROTHERS MEDICAL CENTER
Registration Number:	2816954	ALEXIANCONNECTS
Registration Number:	2821806	LIVE AT HOME PROGRAM
Registration Number:	3752078	EMERGIKIDS
Registration Number:	3984371	ALEXIAN BROTHERS HOSPITAL NETWORK
Registration Number:	3947607	ALEXIAN BROTHERS HOSPITAL NETWORK
Registration Number:	3947611	ALEXIAN BROTHERS HEALTH SYSTEM
Registration Number:	3947612	ALEXIAN BROTHERS HEALTH SYSTEM
Registration Number:	4037573	ALEXIAN BROTHERS CARITAS CHRISTI URGET N

## CORRESPONDENCE DATA

Fax Number: 3129774405

*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.*

Phone: 3129774400

Email: tefiester@nixonpeabody.com

Correspondent Name: Elizabeth W. Baio

TRADEMARK

**Address Line 1:** 70 W. Madison Street, Suite 3500  
**Address Line 2:** Nixon Peabody LLP  
**Address Line 4:** Chicago, ILLINOIS 60602

**ATTORNEY DOCKET NUMBER:** 287042-009001

**NAME OF SUBMITTER:** Elizabeth W. Baio

**SIGNATURE:** /Elizabeth W. Baio/

**DATE SIGNED:** 11/25/2019

**Total Attachments: 6**

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Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Rolando B. Pablos  
Secretary of State

## Office of the Secretary of State

May 04, 2018

Alexian Brothers Communities and Ministries  
3040 W Salt Creek Ln  
Arlington Heights, IL 60005 USA

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RE: Alexian Brothers Communities and Ministries  
File Number: 28936001

It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555

Enclosure

*Come visit us on the internet at <http://www.sos.state.tx.us/>*

Phone: (512) 463-5555  
Prepared by: Renee Guerrero

Fax: (512) 463-5709  
TID: 10323

**TRADEMARK** Services  
Document 810852000002  
**REEL: 006803 FRAME: 0576**



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Alexian Brothers Communities and Ministries  
28936001

[formerly: ALEXIAN BROTHERS OF AMERICA, INC.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 04/30/2018

Effective: 04/30/2018



A handwritten signature in black ink, appearing to read "Rolando B. Pablos".

Rolando B. Pablos  
Secretary of State

**Form 424**  
**(Revised 05/11)**

Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
**Filing Fee: See instructions**



**Certificate of Amendment**

This space reserved for office use.

**FILED**  
**in the Office of the**  
**Secretary of State of Texas**  
**APR 30 2018**  
**Corporations Section**

**Entity Information**

The name of the filing entity is:

Alexian Brothers of America, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- |   |   |
|---|---|
| <input type="checkbox"/> For-profit Corporation           | <input type="checkbox"/> Professional Corporation               |
| <input checked="" type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association          | <input type="checkbox"/> Professional Association               |
| <input type="checkbox"/> Limited Liability Company        | <input type="checkbox"/> Limited Partnership                    |

The file number issued to the filing entity by the secretary of state is: 289360

The date of formation of the entity is: April 20, 1971

**Amendments**

**1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

Alexian Brothers Communities and Ministries

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

**2. Amended Registered Agent/Registered Office**

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent  
(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>TX</i>	<i>State    Zip Code</i>
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### 3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

**Add** each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

**Alter** each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

**Delete** each of the provisions identified below from the certificate of formation.

### Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.


**Effectiveness of Filing** (Select either A, B, or C.)

- A.  This document becomes effective when the document is filed by the secretary of state.
- B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C.  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_  
The following event or fact will cause the document to take effect in the manner described below:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: April 23, 2017

By: \_\_\_\_\_  
  
Signature of authorized person

Daniel McCormick, CFA Provincial  
Printed or typed name of authorized person (see instructions)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Rolando B. Pablos  
Secretary of State

Office of the Secretary of State  
Packing Slip

May 4, 2018  
Page 1 of 1

Alexian Brothers Communities and Ministries  
3040 W Salt Creek Ln  
Arlington Heights, IL 60005

Batch Number: 81085200

Batch Date: 04-30-2018

Client ID: 655059151

Return Method: Mail

Document Number	Document Detail	Number / Name	Page Count	Fee
81085200002	Certificate of Amendment	Alexian Brothers Communities and Ministries	0	\$25.00
			<b>Total Fees:</b>	<b>\$25.00</b>

Payment Type	Payment Status	Payment Reference	Amount	
Check	Received	100853	\$25.00	
			<b>Total:</b>	<b>\$25.00</b>

**Total Amount Charged to Client Account: \$0.00**

(Applies to documents or orders where Client Account is the payment method)

*Note to Customers Paying by Client Account:* This is not a bill. Payments to your client account should be based on the monthly statement and not this packing slip. Amounts credited to your client account may be refunded upon request. Refunds (if applicable) will be processed within 10 business days.

User ID: SGUERRERO

Come visit us on the Internet @ <http://www.sos.state.tx.us/>

Phone: (512) 463-5555

FAX: (512) 463-5709

RECORDED: 11/25/2019

TRADEMARK  
Dial. 711 for Relay Services  
REEL: 006803 FRAME: 0581