OP \$40.00 5403016

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 ETAS ID: TM559738 Stylesheet Version v1.2

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: ENTITY CONVERSION

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|----------------------------------|----------|----------------|----------------------|
| PREMIER BUILDING SOLUTIONS, INC. | | 12/11/2019 | Corporation: ARIZONA |

RECEIVING PARTY DATA

| Name: | PREMIER BUILDING SOLUTIONS, LLC | | | | |
|-------------------|------------------------------------|--|--|--|--|
| Street Address: | 5 Concourse Parkway | | | | |
| Internal Address: | Suite 1900 | | | | |
| City: | Atlanta | | | | |
| State/Country: | GEORGIA | | | | |
| Postal Code: | 30328 | | | | |
| Entity Type: | Limited Liability Company: ARIZONA | | | | |

PROPERTY NUMBERS Total: 1

| Property Type | Number | Word Mark |
|----------------------|---------|-----------|
| Registration Number: | 5403016 | GENX |

CORRESPONDENCE DATA

Fax Number: 4046856929

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: 4048153564

Email: mwarenzak@sgrlaw.com
Correspondent Name: Matthew P. Warenzak
Address Line 1: 1230 Peachtree Street, N.E.
Address Line 2: Suite 3100 - Promenade
Address Line 4: Atlanta, GEORGIA 30309

| NAME OF SUBMITTER: | Matthew P. Warenzak |
|--------------------|-----------------------|
| SIGNATURE: | /Matthew P. Warenzak/ |
| DATE SIGNED: | 01/31/2020 |

Total Attachments: 6

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STATEMENT OF CONVERSION

| 1. | CONV | CONVERTING ENTITY NAME: Premier Building Solutions, Inc. | | | | | | | |
|----|--------|--|---|-----------------------------|-------------|--|--|--|--|
| | 1.1 | CONVERTING ENTITY JURISDICTION OF ORGANIZAT | TION: | Arizona | | | | | |
| | 1.2 | CONVERTING ENTITY TYPE - (e.g., corporation, LLC): | Corpo | oration | | | | | |
| | 1.3 | CONVERTING ENTITY ORIGINAL DATE OF INCORPOR | tATION | v/organization: 09/25/ | 2000 | | | | |
| 2. | | RTED ENTITY NAME (see Instructions): er Building Solutions, LLC | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | |
| | 2.1 | CONVERTED ENTITY JURISDICTION OF ORGANIZATI | ON: A | Arizona | | | | | |
| | 2.2 | CONVERTED ENTITY TYPE - Check only one and follow | instruc | tions: | | | | | |
| | | Arizona corporation – attach to this Statement the A | rticles | of Incorporation, | | | | | |
| | | Arizona LLC - attach to this Statement the Articles of | Organi | ization. | | | | | |
| | | Arizona limited partnership (LP, LLP, LLLP)—attace document that is required to be filed with the Secretary NOTE – partnerships must also file with the Arizona Se | y of Sta | ite's office. | nership | | | | |
| | | Foreign corporation seeking registration with the the Application for Authority. | A.C.C. | attach to this Statement | | | | | |
| | | Foreign LLC seeking registration with the A.C.C the Foreign Registration Statement. | attach | to this Statement | | | | | |
| | | Foreign corporation, LLC, or other entity that is not the A.C.C. | ot, and | l will not, be registered w | 18 % | | | | |
| | entiti | EIGN CONVERTED ENTITY, NOT QUALIFIED IN ARIZOR es that are not and will not be qualified to transact business de a mailing address to which service of process may be ma | or con | | | | | | |
| | | | | | | | | | |
| | | Attention (aptional) | *************************************** | | | | | | |
| | | | | | | | | | |
| | | Address 1 | | | | | | | |
| | | Address 2 (options!) | | | | | | | |

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Arizona Corporation Commission – Corporations Division Page 1 of 2

M085,093 Rev: 9/2019

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4. APPROVAL OF CONVERSION - (applies to the converting entity):

By the signatures appearing on this Statement of Conversion, the converting entity declares under the penalty of perjury that the plan of conversion was approved by the Arizona converting entity in accordance with A.R.S. § 29-2403, or, if the converting entity is a foreign entity, in accordance with the laws of its jurisdiction of organization.

5. DELAYED EFFECTIVE DATE - Complete this section only if the conversion will have a delayed effective date of not more than 90 days after delivery of the Statement to the A.C.C. - list that date below:

12/31/2019 at 11:59 p.m.

SIGNATURES:

The converting entity must sign.

The signer of this Statement declares and certifies under penalty of perjury that this Statement together with any attachments is submitted in compliance with Arizona law.

| Exxx Kene: | |
|---|------------|
| Premier Building Salutions, Inc. | 12/11/2019 |
| 100 A T A | D#C |
| Print name and title of person pigging: | |
| David T. Jones, Chief Financial Officer | |

Filing Fee: \$100.00 (corporations) \$50 (LLCs)
Expedited processing - add \$35.00 to filing fee.
All fees are nonrefundable - see Instructions.

Mail: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007

Fax: 602-542-4100

Please he advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may partain to the individual needs of your business.

All documents filed with the Artone Corporation Commission are public record and are open for public inspection,
If you have questions after resoling the instructions, please call 602-542-3026 or (within Artonia only) 800-345-5819.

86065.003 Rev: 9/2018 Afizora Corporation Commission -- Corporations Division Page 2 of 2 do not write above this line; reserved for acc use only.

| | | | AF | RTICLES O | FORGA | NIZAT | CON | | |
|---------|----------------|---|---|---|---|----------------------|---|---|--|
| | | | | Read the | Instructio | ns <u>L010i</u> | | | |
| 2. | ENTIT | TY TYPE - chec | k only o | ne to indicate | e the type of entity being formed: | | | | |
| | (2) | LIMITED LIABILITY ((entity name must cont the words "Limited Ust Company", "LLC" or L.C | ain offity | | (entity *Profes | name must | IMITED LIABILITY contain the words and Usbillty Company | | |
| 2. | ENTIT | t <mark>y name – seel</mark> i | istruction | s LQ10i for full | naming req | ulrement | s – give the exa | t name of the LLC: | |
| | Premie | r Building Solution | s, LLC | | | | | | |
| 3. | checked | ESSIONAL LIMI In number 1 above, counting, medical): | TED LIA describe th | \BILITY COP ne professional so | 1PANY SE ervices that ti | RVICES | — If and only if p onal LLC will provi | rofessional LLC is de (<i>examples:</i> law | |
| | CTATI | JTORY AGENT 1 | ne carvi | ra of errorae | e coo în | ctruction | c 10101 | | |
| *** | | REQUIRED - give the | | *************************************** | | | <u>D – malling addri S rv.tvi</u> | es in Arizona | |
| | | an Arizona resident o entity) <i>and physical</i> | r an Arizon | a-registered | | | ory Agent (can be | | |
| | | P.O. Box) in Arizona | | | | Check bo | x If same as physi | cal/street address. | |
| Cor | orate C | reations Network | , Inc. | | | | | | |
| | tory Agent N | | | ······································ | | | | | |
| Atten | non (options | 1) | | | Attention (optio | na() | | *************************************** | |
| | | den Road #210 | | : | | | | | |
| Addre | \$5 [| 1 | | | Address I | | | | |
| | ss 2 (option | • | AZ IR | 5251 | Address 2 (opti | onal) | A | 7 1 | |
| Clty | Scottsd | lale | 1 | ip | City | | State | - 1 | |
| | 4.3 REQ | UIRED—the Statutory | Agent Acc | ceptance form M | 002 must be | submitted | along with these A | rticles of Organization. | |
| 5. | PRINC | CIPAL ADDRESS | 5 | *************************************** | | | | | |
| | 5,1 | Is the Arizona pri | □ Ye | idress the sar es - go to nur o - go to nun | nber 6 and | continue | e | statutory agent? | |
| | 5.2 | If you answered | "No" to | number 5.1, | provide the | e principa | al address belo | w: | |
| | | | *************************************** | | *************************************** | | | | |
| | | Attention (optional) | *************************************** | | | | | | |
| | | 425 E. Pinnacle | Peak Rd | Suite # 160 | | | | | |
| | | Address I | *************************************** | | | ••••• | | | |
| | | Address 2 (optional) | | | | | 1 | | |
| | | Phoenix | | | | AZ | 85027 | | |
| | | Cley Country | | | | State or Province | Zip | | |

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COMPLETE NUMBER 6 OR NUMBER 7 - NOT BOTH.

- 6. MANAGER-MANAGED LLC see Instructions L010/ check this box∏if management of the LLC will be vested in a manager or managers (meaning one or more managers will run the company) and complete and attach ONLY the Manager Structure Attachment form LQ4Q. (Both members and managers will be listed on the Manager Structure Attachment.) The filing will be rejected if it is submitted without the attachment.
- 7. MEMBER-MANAGED LLC see Instructions LO10i check this box | If management of the LLC will be reserved to the members (meaning all members will run the company together if there is no operating agreement stating otherwise), and complete and attach ONLY the Member Structure Attachment form LO41. (All members will be listed on the Member Structure Attachment.) The filing will be rejected if it is submitted without the attachment.

The person signing below declares and certifies under penalty of law that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.

| | 12/11/2019 |
|---------------------------|------------|
| SIGNATURE | Date |
| David T. Jones, Organizer | |

Filing Fee: \$50,00 (regular processing) M8311: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Expedited processing - add \$35.00 to filing fee. 602-542-4100 Fax: All fees are nonrefundable - see Instructions.

Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are sublish record and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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TRADEMARK REEL: 006851 FRAME: 0240 DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

MEMBER STRUCTURE ATTACHMENT

- ENTITY NAME give the exact name of the LLC (foreign LLCs give name in domicile state or country):
 Premier Building Solutions, LLC
- MEMBERS give the name and address of all Members. If more space is needed, use another <u>Member Structure</u>
 Attachment form.

| 90,0000000000000000 | | ************************* | *************************************** | | *************************************** | *************************************** | |
|---------------------|---|---|---|---------------|---|---|---|
| QUIK | RETE Holdings, Inc | C. | |] 2. | | | |
| Narrie | | | Name | | | | |
| <u> 15 Con</u> | 5 Concourse Parkway, Suite 1900 | | | Address 1 | ••••• | *************************************** | |
| | | | | | | | |
| Address X (| | | ~~~~ | Address 2 | (optional) | *************************************** | |
| Atlant | 3 | GA | 30328 | City | | | |
| Country | UNITED STATES | State or Province | *** | Country | | State or Province | 210 |
| . | | *************************************** | | * | | *************************************** | ••••• |
| Name | | *************************************** | | Name | | *************************************** | |
| Address 1 | | | ······································ | Address 1 | | ********** | |
| , Address t | | | | | | | |
| Address 2 (| optional) | | | Address 2 (| (optional) | | |
| City r | | State or | Žip | City | | State or | Žip |
| Country | | Province | | Country | | Province | |
| s. | | | | 6. | | *************************************** | *************************************** |
| Name | | | | Name | *************************************** | *************************************** | *************************************** |
| Address 1 | | | | Address 1 | | | |
| augress : | | | | VOCUESS 7 | | | |
| Address I (| optional) | | | Address 2 (| optional) | | |
| | | | | | *************************************** | | |
| City | | State or Province | Zip | City | | State or Province | Zip |
| Country 9. | *************************************** | | *************************************** | Country 8. | | *************************************** | ~~~~~~ |
| | | | | | | | |
| Rame | | | | Name | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Address I | | | | Address i | *************************************** | | |
| Address 2 (| www. | | | Address 2 (| | | *************************************** |
| wanisa q f | apaonas | | | *001.623.5 () | ahaonad | | |
| City | i i | State or Province | Σiρ | City | | State or Province | Zip |
| Country | | , , w 911760 | | Country | *************************************** | A CANON | |

L041.003 Rev: 7/2017 Arizona Corporation Commission - Corporations Division Page 1 of 1 DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACCUSE ONLY.

STATUTORY AGENT ACCEPTANCE

| | E. servera en | * 6000 | Than across America | |
|---------------|--|-----------------------------|--|---|
| 1. | ENTITY NAME - give the exact name in / Statutory Agent (this must match exactly t statutory agent, e.g., Articles of Organizati | he na | ime as listed on the document appo | s appointed the Jinting the |
| | Premier Building Solutions, LLC | | | |
| | | | | |
| 2, | STATUTORY AGENT NAME - give the exentity listed in number 1 above (this will be must match exactly the statutory agent n statutory agent (e.g. Articles of Incorporat initial or suffix: | e <i>eith</i> ame | er an individual or an entity). NOTE as listed in the document that appo | - the name ints the |
| | Corporate Creations Network, Inc. | **** | | a diagonia di diagonia |
| | | | | |
| 3 . | STATUTORY AGENT SIGNATURE: | | | |
| | By the signature appearing below, the indi- accepts the appointment as statutory agen acknowledges that the appointment is effe- agent or the statutory agent resigns, which | t for | the entity named in number 1 abov until the appointing entity replaces | e, and |
| | The person signing below declares and cer contained within this document together w submitted in compliance with Arizona law. | | | |
| | - 21 M | | | |
| | (Just | Carlo | M Alvarez, Special Secretary | 12/11/2019 |
| ~ <u>\$\$</u> | | nntes R | and the second of the second o | 034 |
| RE(| UIRED - check only one: | | | |
| | Individual as statutory agent: I am | ····· | Entity as statutory agent: I | am signing on |
| - | signing on behalf of myself as the individu | al | behalf of the entity named as s | tatutory agent, |
| | (natural person) named as statutory agent | | and I am authorized to act for t | that entity. |
| | | | | |
| pionesso. | | deconsistence of the second | | *************************************** |
| Exp | ng fee: none (regular processing) edited processing - not applicable. fees are nonrefundable - see Instructions. | Mail Fax: | 1300 W. Washington St., Phoenix, Arizon | |
| Please | lees are nonrefundable - see Instructions. be advised but A.C.C. forms reflect only the minimum providers man individual needs of your business. | J | 602-542-4100 | ************************************** |

All documents field with the Arisona Corporation Commission are public released and one for public majection. If you have cuspoons after reading the Instructions, please call 602-542-3026 or (within Arisona only) 800-345-3818.

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RECORDED: 01/31/2020