

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM563934

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	ENTITY CONVERSION
RESUBMIT DOCUMENT ID:	900534239

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
ETS Express, Inc.		11/26/2019	Corporation: CALIFORNIA

RECEIVING PARTY DATA

Name:	ETS Express, LLC
Street Address:	420 Lombard Street
City:	Oxnard
State/Country:	CALIFORNIA
Postal Code:	93030
Entity Type:	Limited Liability Company: CALIFORNIA

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	5064312	H2GO
Registration Number:	3692615	H2GO

CORRESPONDENCE DATA

Fax Number: 2123553333

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: 2128138800

Email: NY-TM-Admin@goodwinprocter.com

Correspondent Name: GOODWIN PROCTER LLP/Janis Nici

Address Line 1: 620 Eighth Avenue

Address Line 4: New York, NEW YORK 10018

NAME OF SUBMITTER:	Janis Nici
SIGNATURE:	/janis nici/
DATE SIGNED:	02/26/2020

Total Attachments: 2

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State of California Secretary of State

2105904 out

Limited Liability Company Articles of Organization - Conversion

LLC-1A

File #

FILED Secretary of State State of California

NOV 26 2019

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IMPORTANT - Read all instructions before completing this form.

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

ETS Express, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

One Manager

More Than One Manager

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA

420 Lombard St

City

Oxnard

State

CA

Zip Code

93030

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

City

State

Zip Code

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.

a. Name of Agent For Service of Process

CT Corporation System

b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box

City

State

Zip Code

CA

c. If an individual, Mailing Address of Agent for Service of Process

City

State

Zip Code

Converting Entity Information

7. Name of Converting Entity

ETS Express, Inc.

8. Form of Entity

Corporation

9. Jurisdiction

California

10. CA Secretary of State File Number, if any

2105904

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote, 10,000 shares of common stock

AND

The percentage vote required of each class, More than 50%

Additional Information

12. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Sharon Eyal, Chief Executive Officer

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Taly Eyal, Chief Financial Officer and Secretary

Type or Print Name and Title of Authorized Person



I hereby certify that the foregoing transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

NOV 26 2019 *J*

Date: _____

Alex Padilla

ALEX PADILLA, Secretary of State

TRADEMARK