

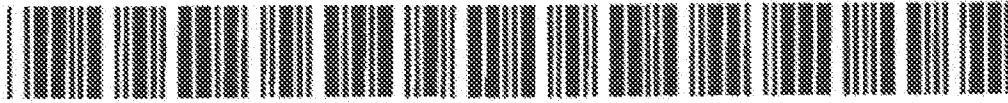
## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM565673

|   |                                 |                       |                                    |
|---|---------------------------------|-----------------------|------------------------------------|
| <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>                 |
| Specialty Medical, LLC  |                                 | 07/18/2014            | Limited Liability Company:<br>OHIO |
| <b>RECEIVING PARTY DATA</b>   |                                 |                       |                                    |
| <b>Name:</b>  | 1 Natural Way, LLC              |                       |                                    |
| <b>Street Address:</b>  | 4064 Technology Dr.             |                       |                                    |
| <b>City:</b>  | Maumee                          |                       |                                    |
| <b>State/Country:</b>   | OHIO                            |                       |                                    |
| <b>Postal Code:</b>   | 43537                           |                       |                                    |
| <b>Entity Type:</b>   | Limited Liability Company: OHIO |                       |                                    |
| <b>PROPERTY NUMBERS Total: 1</b>  |                                 |                       |                                    |
| <b>Property Type</b>  | <b>Number</b>                   | <b>Word Mark</b>      |                                    |
| <b>Registration Number:</b>   | 2343239                         | LULLABY LANE          |                                    |
| <b>CORRESPONDENCE DATA</b>  |                                 |                       |                                    |
| <b>Fax Number:</b>  | 4192438502                      |                       |                                    |
| <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>Phone:</b>   | 419 243-1294                    |                       |                                    |
| <b>Email:</b>   | ssm@ssm-law.com                 |                       |                                    |
| <b>Correspondent Name:</b>  | Carl A. Schaffer                |                       |                                    |
| <b>Address Line 1:</b>  | 1115 Adams St., P.O. Box 916    |                       |                                    |
| <b>Address Line 4:</b>  | Toledo, OHIO 43697-0916         |                       |                                    |
| <b>NAME OF SUBMITTER:</b>   | Carl A. Schaffer                |                       |                                    |
| <b>SIGNATURE:</b>   | /Carl A. Schaffer/              |                       |                                    |
| <b>DATE SIGNED:</b>   | 03/06/2020                      |                       |                                    |
| <b>Total Attachments: 3</b>   |                                 |                       |                                    |
| source=change of name cert#page1.tif  |                                 |                       |                                    |
| source=change of name cert#page2.tif  |                                 |                       |                                    |
| source=change of name cert#page3.tif  |                                 |                       |                                    |

OP \$40.00 2343239



| DATE       | DOCUMENT ID  | DESCRIPTION                                   | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|---|--------|-------|---------|------|------|
| 07/22/2014 | 201420202136 | AMEND/ARTICLES-ORGANIZATION/DOM, LLC<br>(LAM) | 50.00  | 0.00  | 0.00    | 0.00 | 0.00 |

**Receipt**

This is not a bill. Please do not remit payment.

LAVALLEY LAVALLEY TODAK & SCHAEFER CO.  
 ATTN: JEREMIAH P. O'BRIEN, ESQ.  
 5800 MONROE ST., BLDG F  
 SYLVANIA, OH 43560

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
 1993394

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**I NATURAL WAY, LLC**

and, that said business records show the filing and recording of:

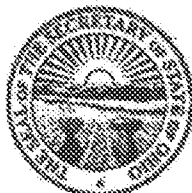
Document(s)

**AMEND/ARTICLES-ORGANIZATION/DOM, LLC**

Effective Date: 07/18/2014

Document No(s):

**201420202136**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of the  
 Secretary of State at Columbus, Ohio this  
 22nd day of July, A.D. 2014.

*Jon Husted*  
 Ohio Secretary of State

**TRADEMARK**



Form 643A Prescribed by:  
Ohio Secretary of State  
**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3310  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
husted@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non-expedited)  
P.O. Box 1329  
Columbus, OH 43219

Expedite Filing (Two-business day processing  
time requires an additional \$183.00).  
P.O. Box 1389  
Columbus, OH 43219

**Domestic Limited Liability Company Certificate of  
Amendment or Restatement**  
Filing Fee: \$50

RECEIVED

JUL 18 2014

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

1-27-11  
Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

SECRETARY OF STATE

The undersigned authorized representative of:

Special Medical, LLC  
Name of limited liability company  
1993394  
Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

1 Natural Way, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd." or "Ltd."


This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**  
Must be signed by a member, manager or other representative.

  
Signature

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

By (if applicable)

Ryan D. Wright  
Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name