

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM575434

<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>
ANTIDOTE IP HOLDINGS, LLC		03/27/2020	Limited Liability Company: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Antidote Wellness Labs IP Holdings, LLC		
<b>Street Address:</b>	11423 S. DIXIE HIGHWAY		
<b>City:</b>	PINECREST		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33156		
<b>Entity Type:</b>	Limited Liability Company: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88115870	ANTIDOTE FITNESS LAB	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4078412343		
<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>	4078412330		
<b>Email:</b>	aimber@allendyer.com		
<b>Correspondent Name:</b>	Allison R. Imber, Esq.		
<b>Address Line 1:</b>	255 S. Orange Ave., Suite 1401		
<b>Address Line 4:</b>	Orlando, FLORIDA 32801		
<b>NAME OF SUBMITTER:</b>	Allison R. Imber, Esq.		
<b>SIGNATURE:</b>	/Allison R. Imber, Esq./		
<b>DATE SIGNED:</b>	05/08/2020		
<b>Total Attachments: 2</b>			
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OP \$40.00 88115870

**Delaware Division of Corporations**  
**401 Federal Street – Suite 4**  
**Dover, DE 19901**  
**Ph: 302-739-3073**  
**Fax: 302-739-3812**

**Certificate of Amendment for  
Limited Liability Company**

Dear Sir or Madam:

Enclosed please find a form for a Certificate of Amendment for a Delaware Limited Liability Company to be filed in accordance with the Limited Liability Company Act of the State of Delaware. The fee to file the Certificate is \$200 and you will receive a stamped "Filed" copy of your submitted document. A certified copy may be requested for an additional \$50.00. Expedited services are available. Please contact our office concerning these fees. Please make your check payable to the "Delaware Secretary of State".

For the convenience of processing your order in a timely manner, please include a cover letter with your name, address and telephone/fax number to enable us to contact you if necessary. Please make sure you thoroughly complete all information requested on this form. It is important that the execution be legible, we request that you print or type your name under the signature line.

Thank you for choosing Delaware as your corporate home. Should you require further assistance in this or any other matter, please don't hesitate to call us at (302) 739-3073.

Sincerely,

Department of State  
Division of Corporations

encl.  
rev. 7/03

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Antidote IP Holdings, LLC

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2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the limited liability company shall be changed, effective immediately, from Antidote IP Holdings, LLC to Antidote Wellness Labs IP Holdings, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 27th day of March, A.D. 2020.

By: 

Authorized Person(s)

Name: Paco Aspuru

Print or Type