

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM591574

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Continuing Education Alliance, LLC		05/26/2020	Limited Liability Company: CONNECTICUT
RECEIVING PARTY DATA			
Name:	Practicing Clinicians Exchange, LLC		
Street Address:	One Dock Street		
Internal Address:	Suite 510		
City:	Stamford		
State/Country:	CONNECTICUT		
Postal Code:	06902		
Entity Type:	Limited Liability Company: CONNECTICUT		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	5702822	PCE	
Registration Number:	5305913	PCE ONCOLOGY	
Registration Number:	5321620	PCE PRACTICING CLINICIANS EXCHANGE	
CORRESPONDENCE DATA			
Fax Number:	2027995000		
<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>			
Phone:	202 805 0986		
Email:	gregory.esau@dlapiper.com		
Correspondent Name:	Gregory Esau		
Address Line 1:	500 Eighth Street, NW		
Address Line 4:	Washington, D.C. 20004		
NAME OF SUBMITTER:	Gregory Esau		
SIGNATURE:	/Gregory Esau/		
DATE SIGNED:	08/12/2020		
Total Attachments: 2			
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source=Continuing Education Alliance - Certificate of Amendment (Practicing Clinicians Exchange)#page2.tif			

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SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06108
 PHONE: 860-309-6003 WEBSITE: WWW.CORCORD-REGS.CT.GOV

**CERTIFICATE OF AMENDMENT
 Limited Liability Company-DOMESTIC**

C.G.S. 5534-247a; 34-247b

USE INK, COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11

FILING #0006914798 PG 01 OF 01 VOL B-02640
 FILED 05/28/2020 02:00 PM PAGE 01545
 SECRETARY OF THE STATE
 CONNECTICUT SECRETARY OF THE STATE

FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS): NAME: Jan Smilek MAILING ADDRESS: 01 State St CITY: Hartford STATE: CT ZIP: 06102		FILING FEE: \$120 MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
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1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST MATCH OUR CURRENT RECORDS EXACTLY WITH DESIGNATION SUCH AS LLC, L.L.C., ETC.)
 Continuing Education Alliance, LLC

2. THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION IS (CHECK A, B, C OR D) - REQUIRED:

A. AMENDED, NAME ONLY: Practicing Clinicians Exchange, LLC
 (SPECIFY NEW NAME. MUST INCLUDE BUSINESS DESIGNATION SUCH AS: LLC, L.L.C., ETC.)

B. AMENDED: ANY AMENDMENTS TO THE CERTIFICATE OF ORGANIZATION.

C. AMENDED AND RESTATED: PROVIDE THE TEXT OF EACH AMENDMENT AND ATTACH A COMPLETE RESTATEMENT OF THE LIMITED LIABILITY COMPANY'S CERTIFICATE OF ORGANIZATION.

D. RESTATED: INTEGRATION OF ALL PREVIOUS AMENDMENTS TO THE CERTIFICATE OF ORGANIZATION INTO ONE DOCUMENT. ATTACH A COMPLETE RESTATEMENT OF THE LLC'S CERTIFICATE OF ORGANIZATION.

3. FULL TEXT OF EACH AMENDMENT - REQUIRED IF 2B OR 2C IS CHECKED:
 (NOTE: IF YOU ARE AMENDING THE BUSINESS NAME ONLY, COMPLETE SECTION 2A AND YOU MAY LEAVE THIS SECTION BLANK)

4. EXECUTION - REQUIRED: (SUBJECT TO PENALTY OF FALSE STATEMENT)

DATE (MM/DD/YYYY) 5/26/2020		
NAME OF SIGNATORY (print/type)	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
Jan Smilek	CFO	DocuSigned by: Jan Smilek

STATE OF CONNECTICUT }
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record
in this Office.
In Testimony whereof, I have hereunto set my hand,
and affixed the Seal of said State, at Hartford,
this 5th day of June A.D. 20 20

David W. Merrill

SECRETARY OF THE STATE