

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM596132

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
CONSUMER PRODUCT DISTRIBUTORS, INC.		09/05/2019	Corporation: MASSACHUSETTS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	CONSUMER PRODUCT DISTRIBUTORS, LLC		
<b>Street Address:</b>	705 Meadow St.		
<b>City:</b>	Chicopee		
<b>State/Country:</b>	MASSACHUSETTS		
<b>Postal Code:</b>	01013		
<b>Entity Type:</b>	Limited Liability Company: MASSACHUSETTS		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3882286	BEANTOWN	
<b>Registration Number:</b>	3991556	BEANTOWN COFFEE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>	8602001340		
<b>Email:</b>	nancy-pt@lozaip.com		
<b>Correspondent Name:</b>	NANCY KENNEDY		
<b>Address Line 1:</b>	305 N. Second Ave., #127		
<b>Address Line 2:</b>	Loza & Loza, LLP		
<b>Address Line 4:</b>	Upland, CALIFORNIA 91786		
<b>ATTORNEY DOCKET NUMBER:</b>	ConsumerProductDistributo		
<b>NAME OF SUBMITTER:</b>	NANCY KENNEDY		
<b>SIGNATURE:</b>	/NANCY KENNEDY/		
<b>DATE SIGNED:</b>	09/05/2020		
<b>Total Attachments: 4</b>			
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**The Commonwealth of Massachusetts**

**William Francis Galvin**  
Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

**Articles of Entity Conversion of a  
Domestic Business Corporation to a  
Domestic Other Entity**

FORM MUST BE TYPED

**(General Laws Chapter 156D, Section 9.53; 950 CMR 113.29)**

(1) Exact name of corporation prior to conversion: Consumer Product Distributors, Inc.

(2) Registered office address: 155 State Street, Ste 700, Boston, MA 02110  
*(number, street, city or town, state, zip code)*

(3) New name after conversion, which shall satisfy the organic law of the surviving entity:  
Consumer Product Distributors, LLC

(4) New type of entity: Limited Liability Company

(5) The plan of entity conversion was duly approved by the shareholders, and where required, by each separate voting group in the manner required by G.L. Chapter 156D and the articles of organization.

(6) Attach any additional sheets containing all information required to be set forth in the public organic document of the surviving entity.

(7) The conversion of the corporation shall be effective at the time and on the date approved by the Division, unless a later effective date is specified in accordance with the organic law of the surviving entity: \_\_\_\_\_

Signed by:   
*(signature of authorized individual)*

*(Please check appropriate box)*

- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this 5th day of September, 2019

**D**

**The Commonwealth of Massachusetts**

**William Francis Galvin**

**Secretary of the Commonwealth**

**One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512**

**Limited Liability Company  
Certificate of Organization  
(General Laws Chapter 156C, Section 12)**

Federal Identification No. \_\_\_\_\_

(1) The exact name of the limited liability company:

**Consumer Product Distributors, LLC**

(2) The street address of the office in the commonwealth at which its records will be maintained:

**705 Meadow St., Chicopee, MA 01013**

(3) The general character of the business:

**Buying and selling wholesale and retail consumer products, including candy, food products and tobacco products and any article and materials related thereto.**

(4) Latest date of dissolution, if specified: \_\_\_\_\_

(5) The name and street address, of the resident agent in the commonwealth:

**NAME**

**CT Corporation System**

**ADDRESS**

**155 Federal St., Ste 700  
Boston, MA 02110**

(6) The name and business address, if different from office location, of each manager, if any:

**NAME**

**Eric M. Polep**

**ADDRESS**

**705 Meadow Street  
Chicopee, MA 01013**

(7) The name and business address, if different from office location, of each person in addition to manager(s) authorized to execute documents filed with the Corporations Division, and at least one person shall be named if there are no managers:

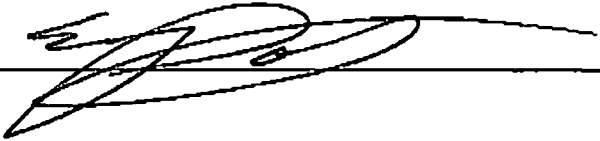
NAME ADDRESS

(8) The name and business address, if different from office location, of each person authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property recorded with a registry of deeds or district office of the land court:

NAME ADDRESS  
Eric M. Polep 705 Meadow Street  
Chicopee, MA 01013

Jeffrey M. Polep 705 Meadow Street  
Chicopee, MA 01013

(9) Additional matters:

Signed by (by at least one authorized signatory): 

Consent of resident agent:

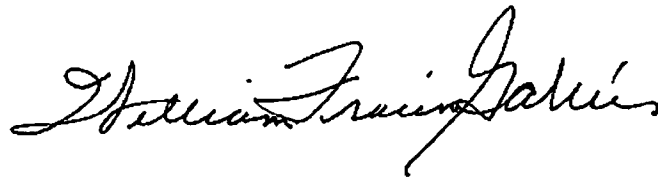
I CT Corporation System, resident agent of the above limited liability company, consent to my appointment as resident agent pursuant to G.L. c 156C § 12\*

\*or attach resident agent's consent hereto.

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 05, 2019 01:08 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*