

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM614832

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Physicians Exclusive LLC		06/09/2020	Limited Liability Company: WYOMING

RECEIVING PARTY DATA

Name:	Physicians Exclusive LLC
Street Address:	101 E. Town Place
Internal Address:	Suite 210
City:	St. Augustine
State/Country:	FLORIDA
Postal Code:	32092
Entity Type:	Limited Liability Company: DELAWARE

PROPERTY NUMBERS Total: 24

Property Type	Number	Word Mark
Serial Number:	88271378	GOODBIOME
Serial Number:	88271516	BETTER4HER
Serial Number:	88271583	BETTER FOR HER
Serial Number:	88271258	MEGA MUCOSA
Serial Number:	88271298	MEGA MYCOBALANCE
Serial Number:	88271333	MEGA IGG2000
Serial Number:	88271952	MICROBIOME LABS
Serial Number:	88271653	TOTAL GUT RESTORATION RECONDITION REINFO
Serial Number:	88361636	BETTER BIOME
Serial Number:	88496386	WHEAT RESCUE
Serial Number:	88516426	BIOMEHACKERS
Serial Number:	88609636	BIOMEFX
Serial Number:	88656644	FIDOSPORE
Serial Number:	88656652	FIDOSPORE
Serial Number:	88978498	FIDOSPORE
Serial Number:	88978553	FIDOSPORE
Serial Number:	88665341	SPOREPATROL
Serial Number:	88689259	MEGACIDIN

TRADEMARK

Property Type	Number	Word Mark
Serial Number:	88760425	MEGA GUARD
Serial Number:	88796750	SAMAN WELLNESS
Serial Number:	88824216	MEGAPRE
Serial Number:	88892857	BIOMEHACKERS
Serial Number:	90049410	MICROBIOME LABS MEGA O
Serial Number:	90274680	PUREBALANCE WELLNESS

CORRESPONDENCE DATA

Fax Number:

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: 3124661033
Email: trademark@amintalati.com
Correspondent Name: Angela S. Kalsi
Address Line 1: 100 S. Wacker Drive
Address Line 2: Suite 2000
Address Line 4: Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER:	G-MBL-0485-US
NAME OF SUBMITTER:	Angela S. Kalsi
SIGNATURE:	/Angela S. Kalsi/
DATE SIGNED:	12/16/2020

Total Attachments: 4
source=Conversion documents#page1.tif
source=Conversion documents#page2.tif
source=Conversion documents#page3.tif
source=Conversion documents#page4.tif

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "PHYSICIANS EXCLUSIVE LLC" FILED IN THIS OFFICE ON THE NINTH DAY OF JUNE, A.D. 2020, AT 7:07 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

3038425 8100F
SR# 20205598953

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203081592
Date: 06-10-20

TRADEMARK
REEL: 007164 FRAME: 0425


Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A WYOMING LIMITED LIABILITY COMPANY UNDER THE NAME OF "PHYSICIANS EXCLUSIVE LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE NINTH DAY OF JUNE, A.D. 2020, AT 7:07 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

3038425 8100F
SR# 20205598953

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203081592
Date: 06-10-20

TRADEMARK
REEL: 007164 FRAME: 0426

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Non-Delaware Limited Liability Company first formed is Wyoming
- 2.) The jurisdiction immediately prior to filing this Certificate is Wyoming
- 3.) The date the Non-Delaware Limited Liability Company first formed is 11/01/2012
- 4.) The name of the Non-Delaware Limited Liability Company immediately prior to filing this Certificate is Physicians Exclusive LLC
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Physicians Exclusive LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
11th day of May, A.D. 2020

By: Thomas Bayne
Authorized Person

Name: Dr. Thomas Bayne
Print or Type

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Physicians Exclusive LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at Corporation Trust Center, 1209 Orange Street (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company

By: Thomas Bayne
Authorized Person

Name: Dr. Thomas Bayne
Print or Type