

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM628554

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
SHORELINE OPHTHALMOLOGY, P.C.		01/05/2018	Corporation: MICHIGAN
RECEIVING PARTY DATA			
Name:	SHORELINE OPHTHALMOLOGY, PLLC		
Street Address:	1266 E. Sherman Blvd.		
City:	Muskegon		
State/Country:	MICHIGAN		
Postal Code:	49444		
Entity Type:	Professional Limited Liability Company: MICHIGAN		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3394385	SHORELINE VISION VISION CARE. FOR LIFE.	
Registration Number:	3394386	SHORELINE VISION	
CORRESPONDENCE DATA			
Fax Number:	3129203301		
<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:	3129203351		
Email:	internalip@lathrogpm.com		
Correspondent Name:	Julie Nichols Matthews		
Address Line 1:	155 North Wacker Drive, Suite 3000		
Address Line 4:	Chicago, ILLINOIS 60606-1787		
NAME OF SUBMITTER:	Julie Nichols Matthews		
SIGNATURE:	/Julie Nichols Matthews/		
DATE SIGNED:	02/26/2021		
Total Attachments: 6			
source=713016, 713017 Entity Conversion - Shoreline OPC into Shoreline OPLLC#page1.tif			
source=713016, 713017 Entity Conversion - Shoreline OPC into Shoreline OPLLC#page2.tif			
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CSCL/CD-555 (Rev. 10/17)

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU										
Date Received JAN 05 2018	<input checked="" type="checkbox"/> AC1	(FOR BUREAU USE ONLY)								
This document is effective on the date filed, unless a subsequent effective date within 50 days after received date is stated in the document.		FILED JAN 05 2018 ADMINISTRATOR CORPORATIONS DIVISION								
<table border="1"> <tr><td colspan="3">Name Loic M. Dimithis</td></tr> <tr><td colspan="3">Address 45 Ottawa Ave. SW, Ste 1100</td></tr> <tr><td>City Grand Rapids</td><td>State MI</td><td>Zip Code 49503</td></tr> </table>			Name Loic M. Dimithis			Address 45 Ottawa Ave. SW, Ste 1100			City Grand Rapids	State MI
Name Loic M. Dimithis										
Address 45 Ottawa Ave. SW, Ste 1100										
City Grand Rapids	State MI	Zip Code 49503								
EFFECTIVE DATE:										

Document will be returned to the name and address you enter above.
 If not blank document will be mailed to the registered office.

CERTIFICATE OF CONVERSION

For use by a Corporation Converting into a Business Organization

Pursuant to the provisions of Act 284, Public Acts of 1972 (profit corporations) Act 23, Public Acts of 1993 (limited liability companies), and Act 162, Public Acts of 1992 (nonprofit corporations), the undersigned corporation executes the following Certificate of Conversion.

1. Before Conversion

Entity Name: Shoreline Ophthalmology, P.C.		Entity ID: 800984775
Indicate (X) Entity Type	<input checked="" type="checkbox"/> Domestic Profit Corporation	Street Address, if different than the one provided in Item 3:
	<input type="checkbox"/> Domestic Nonprofit Corporation	
	<input type="checkbox"/> Foreign Profit Corporation	
	<input type="checkbox"/> Foreign Nonprofit Corporation	

2. After Conversion

Entity Name: Shoreline Ophthalmology, PLLC	
Indicate (X) Entity Type	<input type="checkbox"/> Domestic Profit Corporation
	<input type="checkbox"/> Foreign Profit Corporation
	<input checked="" type="checkbox"/> Domestic Limited Liability Company
	<input type="checkbox"/> Foreign Limited Liability Company
If the converting corporation is a domestic corporation that has not commenced business, has not issued any shares or memberships, and has not elected a board of directors, proceed to Item 9. If the converting corporation is a domestic corporation that has commenced business or a foreign corporation, proceed to Item 3.	

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3. Surviving Business Organization

Governing Statute:

Limited Liability Company Act

Street Address:

1266 E. Sherman Blvd., Muskegon, MI 49444

Principal Place of Business:

1266 E. Sherman Blvd., Muskegon, MI 49444

4. Complete only if converting a profit corporation.

Designation and number of outstanding shares in each class or series 6,000 Common Shares

Indicate class or series of shares entitled to vote Common Shares

Indicate class or series entitled to vote as a class, if any None

If the number of shares is subject to change prior to the effective date of the conversion, the manner in which the change may occur is as follows:

N/A

5. Complete only if converting a nonprofit corporation and it is organized on a stock basis.

Designation and number of outstanding shares in each class _____

Indicate class of shares entitled to vote _____

Indicate class of shares entitled to vote as a class, if any _____

If the number of shares is subject to change prior to the effective date of the conversion, the manner in which the change may occur is as follows:

6. Complete only if converting a nonprofit corporation and it is organized on a membership basis.

For a corporation organized on a membership basis, state (a) a description of its members and (b) the number, classification, and voting rights of its members:

7. Complete only if converting a nonprofit corporation and it is organized on a directorship basis.

For a corporation organized on a directorship basis, state (a) a description of the organization of its board and (b) the number, classification, and voting rights of its directors:

8. The manner and basis of converting of the shares of memberships of the converting corporation into ownership interests or obligations of the surviving business organization, into cash, into other consideration that may include ownership interests or obligations of an entity that is not a party to the conversion, or into a combination of cash and other consideration.

The outstanding shares of common stock of Shoreline Ophthalmology, P.C. shall be converted into 100% of the outstanding membership interest of Shoreline Ophthalmology, PLLC, which will be evidenced by all of the issued and outstanding capital stock of Shoreline Ophthalmology, PC being converted into 95 units of the membership interests of Shoreline Ophthalmology, PLLC.

9. (Complete only if a later effective date is desired other than the date of filing. The date must be no more than 90 days after the receipt of this document by the administrator.)

The conversion is effective on the _____ day of _____, _____.

The plan of conversion will be furnished by the surviving business organization, on request and without cost, to any shareholder or member of the converting corporation.

The conversion is permitted by the law that will govern the internal affairs of the business organization after conversion and the surviving business organization complies with that law in converting.

10. The assumed names being transferred to continue for the remaining effective period of the Certificate of Assumed Name on file prior to the conversion are:

Assumed Name	Expiration Date
The Spectacle Shoppe	December 31, 2021
Shoreline Ophthalmology	December 31, 2021
Shoreline Eye Care	December 31, 2021
Shoreline Vision	December 31, 2020

11. The converting corporation's name and/or assumed name(s) to be used as new assumed name(s) of the surviving business organization:

Assumed Name	Expiration Date

12. **Signatures:** Complete only Section (a) or (b) if the converting corporation is domestic.
Complete only (c) if the converting corporation is foreign.

Complete if the domestic corporation has not commenced business:

a) The plan of conversion was approved by unanimous consent of the incorporators of the converting domestic corporation and the corporation has not yet commenced business, has not issued any shares or memberships, and has not elected a board of directors in accordance with Section 745(1)(d) of the Act.

Signed this _____ day of _____

(Signature of Incorporator)

(Signature of Incorporator)

(Type or Print Name)

(Type or Print Name)

(Signature of Incorporator)

(Signature of Incorporator)

(Type or Print Name)

(Type or Print Name)

Complete if the domestic corporation has commenced business:

b) The plan of conversion was adopted by the Board of Directors and approved by the shareholders of the domestic corporation in accordance with Section 745(1)(c) of the Act.

Signed this 5th day of January, 2018

By Thomas E Damuth M.D.
(Signature of Authorized Officer or Agent)

Thomas E. Damuth, M.D.

(Type or Print Name)

Complete only if the converting corporation is foreign:

c) The plan of conversion was adopted and submitted for approval in the manner required by the law governing the internal affairs of the converting foreign corporation.

Signed this _____ day of _____

By _____
(Signature of Authorized Officer or Agent)

(Type or Print Name)



**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
CORPORATIONS, SECURITIES & COMMERCIAL LICENSING BUREAU**

Date Received

JAN 05 2018

AC1

(FOR BUREAU USE ONLY)

This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.

Name

Loic M. Dimithe

Address

45 Ottawa Ave. SW, Ste 1100

City

Grand Rapids

State

MI

ZIP Code

49503

EFFECTIVE DATE:

Document will be returned to the name and address you enter above.
If left blank, document will be returned to the registered office.

ARTICLES OF ORGANIZATION

For use by Domestic Professional Service Limited Liability Companies

(Please read information and instruction on last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned execute the following Articles:

ARTICLE I

The name of the professional limited liability company is: Shoreline Ophthalmology, PLLC

ARTICLE II

The limited liability company is organized for the sole and specific purpose of rendering the following professional service(s):
Ophthalmology medical practice and other ophthalmology-related businesses that provide ophthalmological, optical and other related services by licensed medical doctors.

ARTICLE III

The duration of the limited liability company if other than perpetual is: _____

ARTICLE IV

1. The name of the resident agent is: Dr. Thomas E. Damuth, M.D.

2. The address of the registered office is:

1266 E. Sherman Blvd. Muskegon , Michigan 49444
(Street Address) (City) (ZIP Code)

3. The mailing address of the registered office, if different than above:

_____, Michigan _____
(Street Address or P.O. Box) (City) (ZIP Code)

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ARTICLE V

All members and managers, will be duly licensed or otherwise legally authorized to render one or more of the professional service(s) for which this limited liability company is organized except as otherwise provided in Section 904 of P.A. 23 of 1993 or prohibited.

ARTICLE VI (Insert any additional provisions authorized by the act, attach additional pages if needed.)

The business of the limited liability company is to be managed by or under the authority of managers.

Signed this 5th day of January, 2018

Thomas E Damuth MD
(Signature(s) of Organizer(s))

Thomas E. Damuth, M.D.
(Type or Print Name(s) of Organizer(s))