

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM654795

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ASSIGNMENT OF THE ENTIRE INTEREST AND THE GOODWILL		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
DR ML HAIR, LLC		06/15/2021	Limited Liability Company: FLORIDA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	ADCS Clinics, LLC		
<b>Street Address:</b>	151 Southhall Lane		
<b>Internal Address:</b>	Suite 300		
<b>City:</b>	Maitland		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	32751		
<b>Entity Type:</b>	Limited Liability Company: FLORIDA		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	6142379	PROSCRIPTIX FX	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4072445690		
<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>	4078438880		
<b>Email:</b>	ipteam@gray-robinson.com		
<b>Correspondent Name:</b>	Christopher M. Ramsey		
<b>Address Line 1:</b>	301 East Pine Street		
<b>Address Line 2:</b>	GrayRobinson, P.A., Suite 1400		
<b>Address Line 4:</b>	Orlando, FLORIDA 32801		
<b>ATTORNEY DOCKET NUMBER:</b>	582613.7		
<b>NAME OF SUBMITTER:</b>	Christopher M. Ramsey		
<b>SIGNATURE:</b>	/Christopher M Ramsey/		
<b>DATE SIGNED:</b>	06/18/2021		
<b>Total Attachments: 2</b>			
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OP \$40.00 6142379

## ASSIGNMENT OF TRADEMARK AGREEMENT

This Assignment of Trademark Agreement (this "Assignment"), is being executed between

- **Assignor:** DR ML HAIR, LLC, 1343 Classic Court N., Longwood, FL 32779 and
- **Assignee:** ADCS Clinics, LLC, 151 Southhall Lane, Suite 300, Maitland, FL 32751.

### RECITALS

1. **Assignor** was previously the owner of Registration No. 6,142,379 for the mark PROSCRIPTIX FX, which is attached hereto ("The Trademark").
2. On April 6, 2020 **Assignor** and **Assignee** executed an Asset Purchase Agreement in which **Assignee** acquired certain assets, including all legal rights pertaining to, and all goodwill associated with The Trademark, from **Assignor**.
3. **Assignee** now desires to record its ownership of, all legal rights pertaining to, and all goodwill associated with The Trademark using this Agreement.

### ASSIGNMENT

4. For good and valuable consideration, the receipt of which is acknowledged, **Assignor** has already assigned and otherwise does hereby assign and transfer to **Assignee** 100% of the following:
  - (a) all right, title and interest in and to The Trademark, including for any variations of the appearance thereof and for any goods and/or services;
  - (b) all goodwill of the business connected with and symbolized by The Trademark; and
  - (c) all enforcement rights that have arisen or arise from the assigned rights in The Trademark.
5. **Assignor** authorizes all officials of any jurisdiction whose duty it is to issue trademark registrations to issue trademark registrations associated with The Trademark in the name of **Assignee**.

[signature page follows]

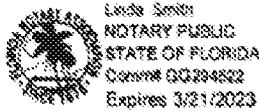
**EXECUTED BY:**

**Assignor: DR ML HAIR, LLC**

By: *MLHA* on 06/15/2021  
Name: Matt Leavitt (Manager) Date

STATE OF FLORIDA  
COUNTY OF Orange

THE FOREGOING INSTRUMENT was acknowledged before me by means of  physical presence or  online notarization, this 15th day of June, 2021, by Matt Leavitt, as Manager of DR ML HAIR, LLC, a limited liability company, on behalf thereof, who  is personally known to me, or  produced \_\_\_\_\_ as identification.



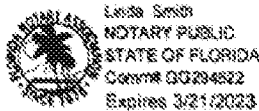
*Linda Smith*  
Notary Public Signature  
Print Notary Name: Linda Smith  
My commission expires: \_\_\_\_\_

**Assignee: ADCS Clinics, LLC**

By: *ERH* on 06/15/2021  
Name: Eric R. Hunt (Manager) Date

STATE OF FLORIDA  
COUNTY OF Orange

THE FOREGOING INSTRUMENT was acknowledged before me by means of  physical presence or  online notarization, this 15th day of June, 2021, by Eric R. Hunt, as Manager of ADCS Clinics, LLC, a limited liability company, on behalf thereof, who  is personally known to me, or  produced \_\_\_\_\_ as identification.



*Linda Smith*  
Notary Public Signature  
Print Notary Name: Linda Smith  
My commission expires: \_\_\_\_\_