

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM680982

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
PeopleShare, Inc.		09/01/2015	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	PeopleShare, LLC		
Street Address:	100 Springhouse Drive		
Internal Address:	Suite 200		
City:	Collegeville		
State/Country:	PENNSYLVANIA		
Postal Code:	19426		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	88677206	PEOPLESARE	
CORRESPONDENCE DATA			
Fax Number:			
<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:	954-790-6690		
Email:	TRADEMARKS@JOHNSONMARTINLAW.COM		
Correspondent Name:	JOHNSON & MARTIN, P.A.		
Address Line 1:	500 West Cypress Creek Road		
Address Line 2:	Suite 430		
Address Line 4:	Fort Lauderdale, FLORIDA 33309		
NAME OF SUBMITTER:	Joyce Dougherty		
SIGNATURE:	/Joyce Dougherty/		
DATE SIGNED:	10/14/2021		
Total Attachments: 6			
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

12/01/2015

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

PeopleShare, LLC

I, Pedro A. Cortés , Secretary of the Commonwealth of Pennsylvania do hereby certify that the foregoing and annexed is a true and correct photocopy of

Amendment filed on Sep 1, 2015 - Pages (5)



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Pedro A. Cortés


Secretary of the Commonwealth

Certification Number: TSC151201131193-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>

TRADEMARK
REEL: 007451 FRAME: 0695

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Name _____ Address _____ City _____ State _____ Zip Code _____ <input checked="" type="checkbox"/> Return document by email to: <u>cccpa@ccscinc.com</u>	Statement of Conversion  TCO150901JD0411
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Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: PeopleShare, Inc.
2. The jurisdiction of formation of the converting association is: Pennsylvania
3. The type of association is (check only one):

<input checked="" type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____
4. Date on which the association was created, incorporated, formed or otherwise came into existence:
12/28/2004
(MM/DD/YYYY)
5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:
Business Corporation Law of 1988
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

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COMM OF PA
DEPT OF STATE

TRADEMARK
REEL: 007451 FRAME: 0696

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) <u>1566 Medical Drive, Suite 102</u> <u>Pottstown</u> <u>PA</u> <u>19464</u> <u>Montgomery</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____ <small>Number and street City State Zip</small></p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ <small>Name of Registered Agent</small></p> <p>_____ <small>Number and street City State Zip</small></p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: 09/01/2015 at 12:00 P.M.
Date (MM/DD/YYYY) Hour (if any)

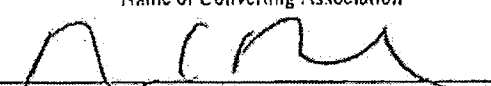
D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 1st day of September, 2015.

PeopleShare, Inc.
Name of Converting Association


Signature

David G. Donald, President
Title

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Name _____ Address <u>770359</u> _____ City _____ State _____ Zip Code <u>78</u> <input checked="" type="checkbox"/> Return document by email to: <u>CSCPA@CSCinfo.ca</u>	Foreign Registration Statement
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$250

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | |

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

PeopleShare, LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

A resolution of the governors adopting the name in 2A for use in registering to do business in this Commonwealth must be attached.

3. The jurisdiction of formation is: Delaware

4. The street and mailing address of the association's principal office.

<u>1566 Medical Drive, Suite 102</u>	<u>Pottstown</u>	<u>PA</u>	<u>19464</u>
Number and street	City	State	Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

<u>2711 Centerville Road, Suite 400</u>	<u>Wilmington</u>	<u>DE</u>	<u>19808</u>
Number and street	City	State	Zip

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) - not both:

(a) 1566 Medical Drive, Suite 102 Pottstown PA 19464 Montgomery
Number and street City State Zip County
OR

(b) c/o: _____
Name of Commercial Registered Office Provider County

6. Check one of the following:

- The association may not have series.
 The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- The Foreign Registration Statement shall be effective upon filing in the Department of State.
 The Foreign Registration Statement shall be effective on: 09/01/2015 at 12:00 P.M.
Date (MM/DD/YYYY) Hour (if any)

8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

- The association is a limited liability company which is not organized to render any of the below professional service(s).
 The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)

___ Chiropractic ___ Dentistry ___ Law ___ Medicine and surgery
___ Optometry ___ Osteopathic medicine and surgery ___ Podiatric medicine ___ Public accounting
___ Psychology ___ Veterinary medicine

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 15th day of September, 2015.

PeopleShare, LLC
Name of Association

[Handwritten Signature]
Signature

David G. Donald, President
Title