TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM695072

| SUBMISSION TYPE: | NEW ASSIGNMENT | |
|-----------------------|----------------|--|
| NATURE OF CONVEYANCE: | MERGER | |
| EFFECTIVE DATE: | 05/02/2016 | |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|---------------------|----------|----------------|-------------------------|
| HelpIT Systems Inc. | | 03/24/2016 | Corporation: CALIFORNIA |

RECEIVING PARTY DATA

| Name: | 360Science, Inc. | |
|---------------------------------|------------------------|--|
| Street Address: | 3001 S Lamar Blvd #101 | |
| City: | Austin | |
| State/Country: TEXAS | | |
| Postal Code: 78704 | | |
| Entity Type: Corporation: TEXAS | | |

PROPERTY NUMBERS Total: 2

| Property Type | Number | Word Mark |
|----------------------|---------|------------|
| Registration Number: | 5396999 | 360SCIENCE |
| Registration Number: | 5174605 | MATCHIT |

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: 212-728-8000 Email: ipdept@willkie.com **Correspondent Name:** Heather Schneider Address Line 1: 787 Seventh Avenue

Address Line 4: New York, NEW YORK 10019

| ATTORNEY DOCKET NUMBER: | 125062.00002 | |
|-------------------------|---------------------|--|
| NAME OF SUBMITTER: | Heather Schneider | |
| SIGNATURE: | /Heather Schneider/ | |
| DATE SIGNED: | 12/15/2021 | |

Total Attachments: 4

source=360 Science Inc. - Certificate of Merger (001)#page1.tif source=360 Science Inc. - Certificate of Merger (001)#page2.tif source=360 Science Inc. - Certificate of Merger (001)#page3.tif

source=360 Science Inc. - Certificate of Merger (001)#page4.tif

Form 622 (Revised 12/15)

Return in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512 463-5709

Party 1

Filing Fee: see instructions



Certificate of Merger Combination Merger **Business Organizations Code**

This space reserved for office use.

FILED In the Office of the Secretary of State of Texas

MAY 0 2 2016

Corporations Section

Parties to the Merger

Pursuant to chapter 10 of the Texas Business Organizations Code, and the title applicable to each domestic filing entity identified below, the undersigned parties submit this certificate of merger.

The name, organizational form, state of incorporation or organization, and file number, if any, issued by the secretary of state for each organization that is a party to the merger are as follows:

| 360 Science, Inc. | | | |
|--|---|--|--|
| Name of Organization | | ~ ~- | ······································ |
| | r-profit corporation | It is organized under | the laws of |
| 3 | DECIfy organizational form (e.g., for-profit co | rporation) | |
| TX USA | The file nu | mber, if any, is 802413748 | e e |
| State Country | | Texas Secretary of Stat | e file number |
| | 7427 N. Lamar Boule | vard, Ste. | |
| Its principal place of busin | ess is 201 | Austin | TX |
| grang | Address | Ctry | State |
| The organization will | survive the merger. \[\begin{align*} | he organization will not survive t | he merger. |
| The plan of merger an | ionate the name of the arronic | ation. The new name is set forth | holow |
| f" inchmiormerEct an | terms are name or the organiza | mon. The new name is sel form | below. |
| | | | |
| V0000000000000000000000000000000000000 | Name as Amena | ed | ************************************** |
| Party 2 | | - • | |
| -aananganananananana | | | ř |
| HELPIT SYSTEMS INC. | | | |
| Name of Organization | 300000000000000000000000000000000000000 | ************************************** | |
| | or-profit corporation | It is organized under | the laws of |
| | recify organizational form (e.g., for-profit co | ** : · · · · · · · · · · · · · · · · · · | |
| CA USA | The file nur | nber, if any, is | |
| State Country | | Texas Secretary of State | s file number |
| • | 7427 N. Lamar Boule | vard, Ste. | |
| Its principal place of busin | | Austin | TX |
| Parrie inne | Address | City , | State |
| The organization will | survive the merger. 🛮 🛛 T | he organization will not survive t | ne merger. |
| | | | |
| ine plan of merger an | ends the name of the organiza | tion. The new name is set forth b | oelow. |
| | | | |
| Name as Amended | | | |
| Down: 7 | Name as Amena | ε α | 1 a |
| Party 3 | | | * |
| | | • | |
| Name of Organization | | *************************************** | ************************************** |
| | | | |

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| The organization is a It is organized under the laws of |
|--|
| Specify organizational form (e.g., for-profit corporation) |
| The file number, if any, is |
| State Country Texas Secretary of State file number Its principal place of business is |
| The organization will survive the merger. The organization will not survive the merger. |
| The plan of merger amends the name of the organization. The new name is set forth below. |
| |
| Name as Amended |
| Plan of Merger |
| The plan of merger is attached. |
| If the plan of merger is not attached, the following statements must be completed. |
| Alternative Statements |
| Instead of providing the plan of merger, each domestic filing entity certifies that: |
| 1. A plan of merger is on file at the principal place of business of each surviving, acquiring, or new domestic entity or non-code organization that is named in this form as a party to the merger or an organization created by the merger. |
| 2. On written request, a copy of the plan of merger will be furnished without cost by each surviving, acquiring, or new domestic entity or non-code organization to any owner or member of any domestic entity that is a party to or created by the plan of merger and, if the certificate of merger identifies multiple surviving domestic entities or non-code organizations, to any creditor or oblige of the parties to the merger at the time of the merger if a liability or obligation is then outstanding. |
| Item 3A is the default selection. If the merger effected an amendment to, a restatement of, or an amendment and restatement of the certificate of formation of a surviving filing entity, you must select and complete one of the options shown below. Options 3B and 3C require the submission of the described attachment. |
| 3A. No amendments to the certificate of formation of any surviving filing entity that is a party to the merger are effected by the merger. |
| 3B. \(\sum \) No amondments to the certificate of formation of any filing entity are being effected by the merger or by the restated certificate of formation of the surviving filing entity named in the attached restated certificate of formation. |
| 3C. The plan of merger effected an amendment and restatement of the certificate of formation of a surviving filing entity. The amendments being made and the name of the surviving entity restating its certificate of formation are set forth in the attached restated certificate of formation containing amendments. |
| 3D. The plan of merger effected amendments or changes to the following surviving filing entity's certificate of formation. |

| Amendmont Text Area | | |
|---|---|---|
| | 100000000000000000000000000000000000000 | 000000000000000000000000000000000000000 |
| | | |
| | | |
| | | |
| 4. Organizations Created by Merger The name, jurisdiction of organization, principal pleach entity or other organization to be created pursucertificate of formation of each new domestic fill certificate of merger. | ant to the plan of merg | er are set forth below. The |
| Name of New Organization 1 | Jurisdiction | Entity Type (See instructions) |
| Principal Place of Business Address | City | State Zip Code |
| | | |
| Name of New Organization 2 | Jurtsdiction | Entity Type (See instructions) |
| Principal Place of Business Address | City | State Zip Code |
| *************************************** | | ****** |
| Name of New Organization 3 | Jurisdiction | Entity Type (See instructions) |
| | | UUSUUAAnnaannaannaannaannaannaannaannaannaa |
| Principal Place of Business Address | City | State Zip |
| Approval of the | Plan of Merger | |
| The plan of merger has been approved as required by organization that is a party to the merger and by the | | |
| The approval of the owners or members of | Managar and dis | and 2 and 2 library |
| was not required by the provisions of the BOC. | | |
| Effectiveness of Filing (Select either A. B. or C.) | | |
| A. \(\sum \) This document becomes effective when the destate. | ocument is accepted an | d filed by the secretary of |
| B. This document becomes effective at a later da | te, which is not more t | han ninety (90) days from |
| the date of signing. The delayed effective date is: | 2000000 24 da 200000000000000000000000000000000000 | |
| C. This document takes effect on the occurrence | of the future event or f | act, other than the |
| passage of time. The 90 th day after the date of signif | CORRECTION OF THE PROPERTY OF | onner described below: |

TRADEMARK REEL: 007531 FRAME: 0212

Form 622

| Ted Ana | | | | | |
|---|--|---|--|--|--|
| | | | | | |
| | Tax Certificate | | | | |
| | Attached hereto is a certificate from the comptroller of public accounts that all taxes under title 2, Tax Code, have been paid by the non-surviving filing entity. | | | | |
| Ø | Instead of providing the tax certificate, one or more of the surviving, acquiring or newly created organizations will be liable for the payment of the required franchise taxes. | | | | |
| | F | Execution | | | |
| The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument. The undersigned certifies that the statements contained herein are true and correct, and that the person signing is authorized under the provisions of the Business Organizations Code, or other law applicable to and governing the merging entity, to execute the filing instrument. | | | | | |
| Date | : 3/24/2016 | | | | |
| | *************************************** | 360Seignou Ine/ | | | |
| | | Negging Fylin Name | | | |
| | | Superinserof solumered person (see instructions) | | | |
| | | Roben Heidenreich, CEO | | | |
| | | र्वशिक्षांच्ये त्य राष्ट्रांच्याचे त्रवासाट स्थ व्यविधारस्थ्ये हुन्दरस्या | | | |
| | | HELPLY SYSA STING. | | | |
| | | White in Eghty Nagho | | | |
| | | Alexanee, no amposition become role mountainer; | | | |
| | | Robert Heidenreich, CFO | | | |
| | | Printed or tiged name of authorized persons | | | |
| | | Merging Faray Name | | | |
| | | intergraph and themse | | | |
| | | Signature of authorized person foce instructional | | | |
| | | Printed in te sed maile at antenneed screen | | | |

TRADEMARK
REEL: 007531 FRAME: 0213

Pomi 622