

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM734626

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Sweeping Corporation of America, Inc.		12/31/2021	Corporation: TENNESSEE
RECEIVING PARTY DATA			
Name:	Sweeping Corporation of America, LLC		
Street Address:	4141 Rockside Road		
Internal Address:	Suite 100		
City:	Seven Hills		
State/Country:	OHIO		
Postal Code:	44131		
Entity Type:	Limited Liability Company: TENNESSEE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2321244	SWEEPING CORPORATION OF AMERICA	
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:	3308496755		
Email:	tlink@ralaw.com		
Correspondent Name:	Terrence H. Link II		
Address Line 1:	222 S Main St		
Address Line 4:	Akron, OHIO 44308		
ATTORNEY DOCKET NUMBER:	140203.0008		
NAME OF SUBMITTER:	Terrence H. Link II		
SIGNATURE:	/Terrence H. Link II/		
DATE SIGNED:	06/14/2022		
Total Attachments: 4			
source=SweepingEntityConversion#page1.tif			
source=SweepingEntityConversion#page2.tif			
source=SweepingEntityConversion#page3.tif			

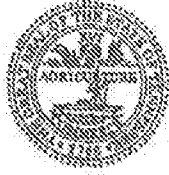
CH \$40.00 2321244

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67

ARTICLES OF ENTITY CONVERSION

(Domestic Business Corporation to a Domestic Unincorporated Entity) (SS-4012)



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Ross L. Parks Ave., 4th Fl
Nashville, TN 37243
(615) 741-3286

Filing Fee: \$100.00

For Office Use Only

FILED

Pursuant to the provisions of T.C.A. §48-21-112(a) of the Tennessee Business Corporation Act, the undersigned hereby submits these articles of entity conversion:

1. Name of corporation immediately before the filing of the articles of entity conversion: Sweeping Corporation of America, Inc.

Secretary of State Control Number: 000201336

Name to which the corporation is to be changed: Sweeping Corporation of America, LLC

2. The type of unincorporated entity that the survivor will be (check one):

- General Partnership
- Limited Liability Company
- Limited Partnership
- Business Trust
- Joint Stock Association
- Unincorporated Nonprofit Association
- Other: _____

3. The plan of entity conversion was duly approved by the shareholders in the manner required by this chapter and the charter.

4. If the survivor is a filing entity, attached is the applicable public organic document, except that provisions that would not be required to be included in a related public organic document may be omitted.

5. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:

(Not to exceed 90 days) Effective Date: 12, 31, 21 Time: _____
Month Day Year

Signature: [Signature]

Signature: [Signature]

Signer's Capacity: Secretary/VP

Name (printed or typed): Erin Quinn

*Note: Pursuant to T.C.A. §10-7-503 all information on this form is public record.

Submitter information: Name: _____ Phone #: (____) _____

SS-4812 (01/13)

RDA 1078



ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY (see 270)

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Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
112 Ross L. Parks AVE, 6th Fl.
Nashville, TN 37243-1101
(615) 741-2286

For Office Use Only

Filing Fee: \$50.00 per member
(minimum fee = \$300, maximum fee = \$1,000)

The Articles of Organization presented herein are adopted in accordance with the provisions of the Tennessee Revised Limited Liability Company Act.

1. The name of the Limited Liability Company is: Sweeping Corporation of America, LLC

(NOTE: Pursuant to the provisions of T.C.A. § 48-240-106, each Limited Liability Company name must contain the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

2. Name Consent: (Written Consent for Use of Indistinguishable Name)

This entity name already exists in Tennessee and has received name consent from the existing entity.

3. This company has the additional designation of: _____

4. The name and complete address of the Limited Liability Company's initial registered agent and office located in the state of Tennessee is:

Name: CT Corporation System
Address: 300 Montvue Rd.
City: Knoxville State: TN Zip Code: 37919 County: Knox

5. Fiscal Year Close Month: December

6. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is: (Not to exceed 90 days)

Effective Date: _____ Time: _____

7. The Limited Liability Company will be: Member Managed Manager Managed Director Managed

8. Number of Members at the date of filing: 1

9. Period of Duration: Perpetual Other _____

10. The complete address of the Limited Liability Company's principal executive office is:

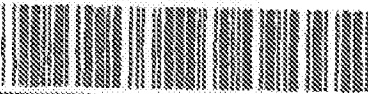
Address: 444 Rockside Rd, Suite 100
City: Cleveland State: OH Zip Code: 44133 County: Cuyahoga
Business Email: compliance@sweepingcorp.com

Rev. 12/18

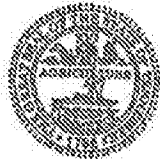
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ARTICLE 18
LIMITED LIABILITY COMPANY



Business Services Division
Tre Hargett, Secretary of State
State of Tennessee
312 Ross L. Parks AVE, 8th Fl.
Nashville, TN 37243-1102
(615) 741-3286

For Office Use Only

Filing Fee: \$50.00 per member
(minimum fee = \$300, maximum fee = \$3,000)

The name of the Limited Liability Company is: Sweeping Corporation of America, LLC

11. The complete mailing address of the entity (if different from the principal office) is:

Address: _____
City: _____ State: _____ Zip Code: _____

12. Non-Profit LLC (required only if the Additional Designation of "Non-Profit LLC" is entered in section 3.)

I certify that this entity is a Non-Profit LLC whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in T.C.A. § 67-4-2004. The business is disregarded as an entity for federal income tax purposes.

13. Professional LLC (required only if the Additional Designation of "Professional LLC" is entered in section 3.)

I certify that this PLLC has one or more qualified persons as members and no disqualified persons as members or holders.
Licensed Profession: _____

14. Series LLC (required only if the Additional Designation of "Series LLC" is entered in section 3.)

I certify that this entity meets the requirements of T.C.A. § 48-248-309(a) & (b)

15. Obligated Member Entity (list of obligated members and signatures must be attached)

This entity will be registered as an Obligated Member Entity (OME) Effective Date: _____/_____/_____
Month Day Year

I understand that by statute: THE EXECUTION AND FILING OF THIS DOCUMENT WILL CAUSE THE MEMBER(S) TO BE PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS AND LIABILITIES OF THE LIMITED LIABILITY COMPANY TO THE SAME EXTENT AS A GENERAL PARTNER OF A GENERAL PARTNERSHIP. CONSULT AN ATTORNEY.

16. This entity is prohibited from doing business in Tennessee:

This entity, while being formed under Tennessee law, is prohibited from engaging in business in Tennessee.

17. Other Provisions:

12/20/2021
Signature Date

Secretary/VP
Signer's Capacity (if other than individual capacity)

[Signature]
Signature

Erin Quinn
Name (printed or typed)