

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM748511

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
RESUBMIT DOCUMENT ID:	900700958		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
CorporateRewards.com, LLC		02/14/2017	Limited Liability Company: VIRGINIA
RECEIVING PARTY DATA			
Name:	CorporateRewards.com, LLC		
Street Address:	350 5th Avenue, Suite 3920		
City:	New York		
State/Country:	NEW YORK		
Postal Code:	10118		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4870551	WORKSTRIDE	
CORRESPONDENCE DATA			
Fax Number:	2054886244		
<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:	205-521-8244		
Email:	mdenniston@bradley.com		
Correspondent Name:	Michael S. Denniston		
Address Line 1:	1819 Fifth Avenue North		
Address Line 4:	Birmingham, ALABAMA 35203		
ATTORNEY DOCKET NUMBER:	202272301004		
NAME OF SUBMITTER:	Michael S. Denniston		
SIGNATURE:	/michael s. denniston/		
DATE SIGNED:	08/15/2022		
Total Attachments: 6			
source=CorporateRewards-Ohio#page1.tif			
source=CorporateRewards-Ohio#page2.tif			
source=CorporateRewards-Ohio#page3.tif			

source=CorporateRewards-Ohio#page4.tif
source=CorporateRewards-Ohio#page5.tif
source=CorporateRewards-Ohio#page6.tif



Form 800 Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SDS-FILE (877-767-3453)
Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mall this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1390
Columbus, OH 43216

Certificate of Conversion for Entities Converting Into the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

RECEIVED
2017 FEB 14 PM 12:22
CLIENT SERVICE CENTER

Name of Converting Entity

Jurisdiction of Formation

The converting entity:
(Check Only (1) One Box)

Partnership Foreign Non Profit Limited Liability Company

Foreign Limited Partnership Foreign For-Profit Limited Liability Company

Common Law Trust Foreign Limited Liability Partnership

Foreign Corporation Other

The converting entity hereby states it has complied with all laws of its jurisdiction of formation.
Furthermore, the law permits for the conversion.

Name of the Converted Entity

Existing under the laws of

The converted business entity type is
(Check One)

Business Trust Partnership

Domestic Corporation (For-Profit) Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company

Effective Date (Optional)

This conversion is effective on (If a date is specified, the date must be a date on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the conversion).

The name and address of the person or entity that will provide a copy of the declaration of conversion upon written request

Print Name

Mailing Address

City

State

Zip Code

If the conversion creates a new domestic corporation, limited liability company, partnership, limited partnership, or a limited liability partnership, complete and attach the formation documents prescribed by the secretary of state for the **specific entity type** being created.

The authorized representative(s) identified below certify that the declaration of conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required

Must be signed by an authorized representative.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



Form 533A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 486-3910

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mall this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1390
Columbus, OH 43218

Articles of Organization for a Domestic Limited Liability Company

RECEIVED

FEB 14 2017

Filing Fee: \$99
Form Must Be Typed

OHIO SECRETARY OF STATE

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date
(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional)

Period of Existence

Purpose
(Optional)

****Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

CorporateRewards.com, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

CT Corporation System

Name of Agent

1300 E. 9th Street

Mailing Address

Cleveland

City

Ohio

State

44113

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, CT Corporation System named herein as the statutory agent


Statutory Agent Name

for CorporateRewards.com, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

 Kristin Bolden
Assistant Secretary

Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Garrett Monda

Signature

Vice President and Secretary

By (if applicable)

Garrett Monda

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name