05-30-2001





FORM PTO-1594 RECORDA 10173	SHEET U.S. DEPARTMENT OF COMMERCE
(Rev. 3/01)	U. S. Patent and Trademark Office
OMB No. 0651-0027 (exp. 5/31/2002) TRADEMARKS ONLY	
OMB No. 0651-0027 (exp. 5/31/2002) To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.	
Name of conveying party(ies): 1. Name of conveying party(ies):	Name and address of receiving party(ies):
Name of conveying party(ies): Jannick Management Consultants International, Inc.	
Jannick Management Consultants International, Inc.	Name: Endurant Business Solutions, Inc.
☐ Individual(s) ☐ Association	Internal Address:
☐ General Partnership ☐ Limited Partnership	Street Address: 18981 Firethorn Pointe
☐ Other	City: Eden Prairie State: MN ZIP: 55347
Additional name(s) of conveying party(ies) attached? Yes No	Oity. Eueri Flame State. Will Zir. 55547
3. Nature of conveyance:	Individual(s) citizenship
	Association
☐ Assignment ☐ Merger ☐ Security Agreement ☒ Change of Name	☐ General Partnership
Other	☐ Limited Partnership 05-17-2001
	U.S. Patent & TMOfc/TM Mail Ropt Dt. #01
Execution Date(s): April 6, 2001	☐ Other
	If assignee is not domiciled in the United States, a domestic representative
	designation is attached. Yes No (Designations must be a separate document from assignment)
	Additional name(s) of conveying party(ies) attached? Yes No
4. Application number(s) or trademark number(s):	B. Trademark No(s)
A. Trademark Application No(s).	
TEIATO COA ENDUDANT	2,228,898 - ENDURANT 2,230,815 - ENDURANT BUSINESS SOLUTIONS
75/473,684 - ENDURANT	
Additional numbers attached? ☐ Yes ☒ No	
 Name and address of party to whom correspondence concerning document should be mailed: 	6. Total number of applications and registrations involved: 3
	7. Total Fee (37 CFR 3.41)\$90.00.
Name: Erika S. Koster	⊠ Enclosed
Internal Address: Plaza VII Building, Suite 3300	Authorized to be charged to deposit account
Street Address: 45 South Seventh Street	
City: Minneapolis State: MN ZIP: 55402	overpayment to deposit account.
Our File No.: 18156/1	Deposit account number:
	15-0627
(Attach duplicate copy of this page if paying by deposit account.) DO NOT USE THIS SPACE	
9. Statement and signature.	
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.	
Cheryl E. Classen Name of Person Signing Signature	May 11, 2001 Date
Total number of pages including cover sheet, attachments, and document: 2	

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patent & Trademarks, Box Assignments

Washington, D.C. 20231

TC2: 524864 v01 05/11/2001

MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

1. Type or print in black ink.

 There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation." Return Completed Amendment Form and Fee to the address listed on the bottom of the form. 		
CORPORATE NAME: (List the name of the company prior to any desired name change)		
Jannick Management Consultants International, Inc.		
This amendment is effective on the day it is filed with the Secretary of State, unless 30 days after filing with the Secretary of State.	you indicate another date, no later than	
The following amendment(s) to articles regulating the above corporation were adoparticle(s) indicating which article(s) is (are) being amended or added.) If the full tapace provided, attach additional numbered pages. (Total number of pages including this for	ext of the amendment will not fit in the	
ARTICLE 1		
The name of the Corporation is Endurant Business Solutions, Ir	nc.	
ARTICLE 2		
The address of the registered office of the Corporation is 18981 Minnesota 55347.	Firethorn Pointe, Eden Prairie,	
This amendment has been approved pursuant to <i>Minnesota Statutes chapter 302A o</i> execute this amendment and I further certify that I understand that by signing this arof perjury as set forth in section 609.48 as if I had signed this amendment under oath.	r 317A. I certify that I am authorized to mendment, I am subject to the penalties	
Janet	of Authorized Person)	
(Signature of	of Authorized Person)	
Name and telephone number of contact person: Janet K. Eian	952 937-3445	
Please print legibly		
All of the information on this form is public and required in order to process this finformation will prevent the Office from approving or further processing this filing.	iling. Failure to provide the requested	
If you have any questions please contact the Secretary of State's office at (651) 296-2803.	STATE OF MINNESOTA DEPARTMENT OF STATE	

FILED

RETURN TO:

Secretary of State

RECORDED: 05/17/2001

180 State Office Bldg., 100 Constitution Ave.

St. Paul, MN 55155-1299, (651) 296-2803

08921340 Rev. 10/98

APR 06 2001

Mary Hiffmaye Secretary of State

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