

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM391473

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Partners Healthcare Group, LLC		03/14/2014	Limited Liability Company:
RECEIVING PARTY DATA			
Name:	Five Points Healthcare, LLC		
Street Address:	3525 PIEDMONT ROAD, N.E., SUITE 8-515		
City:	Atlanta		
State/Country:	GEORGIA		
Postal Code:	30305		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	86071449	FIVE POINTS HEALTHCARE	
CORRESPONDENCE DATA			
Fax Number:	2027995000		
<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:	202-799-4537		
Email:	dctrademarks@dlapiper.com		
Correspondent Name:	Thomas E. Zutic		
Address Line 1:	500 Eighth St NW		
Address Line 4:	Washington, D.C. 20004		
NAME OF SUBMITTER:	Thomas E. Zutic		
SIGNATURE:	/Thomas E. Zutic/		
DATE SIGNED:	07/14/2016		
Total Attachments: 2			
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OP \$40.00 86071449



CORPORATIONS DIVISION
 237 Coliseum Drive
 Macon, GA 31217-3858
 (404) 656-2817

Brian P. Kemp
 Secretary Of State

**Application for Amended
 Certificate of Authority of a
 Foreign Entity**

Form CD 518

An amended certificate of authority must be obtained only if a foreign entity changes its name or its jurisdiction of organization. Complete (where applicable) and return this form with a check payable to "Secretary of State" in the amount of \$20.00. Entity must be in "Active Compliance" status in order to use this form.

1. **Entity Name** Partners Healthcare Group, LLC
 2. **Entity Control No.** 4772642
 3. **State/County of Jurisdiction** Delaware
 4. **Date of Authorization in Georgia** 7/29/2013

5. **Please indicate Entity Type (Check One Box Only)**

- Corporation (Corporation Must Provide Certificate of Existence from Home State with New Name)
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership

6. **The name by which the entity will hereafter be known is:**

Five Points Healthcare, LLC

7. **New Jurisdiction:** _____

ATTENTION: If any other information required in the original application for certificate of authority has changed, the entity has an obligation under Georgia law to inform the Secretary of State of said changes. Attach additional pages if necessary.

Signed By:

Signature

ROBERT RADICS

Printed name of signer

Title of Person signing above (Check one only)

- Corporation Officer, Receiver or Trustee
- LLC Member, Manager, Receiver or Trustee
- LP General Partner, Receiver or Trustee
- LLP General Partner, Receiver or Trustee
- Attorney in fact

Email Address BEVERLY.LOWERY@DLAPIPER.COM

RECEIVED
MAR 14 2014
SECRETARY OF STATE

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

I, **Brian P. Kemp**, The Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

FIVE POINTS HEALTHCARE, LLC
a Foreign Limited Liability Company

is hereby issued a CERTIFICATE OF AMENDMENT under the laws of the State of Georgia on **March 14, 2014** by the filing of all documents in the Office of the Secretary of State and by the paying of all fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on April 01, 2014



A handwritten signature in black ink that reads "B: P. Kemp".

Brian P. Kemp
Secretary of State

Tracking #: RGiLd5Gi