

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM415239

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Center for Autism & Related Disorders, Inc.		01/07/2016	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Center for Autism and Related Disorders, LLC		
Street Address:	21600 Oxnard Street		
Internal Address:	Suite 1800		
City:	Woodland Hills		
State/Country:	CALIFORNIA		
Postal Code:	91367		
Entity Type:	Corporation: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2473724	CARD	
CORRESPONDENCE DATA			
Fax Number:	2138962450		
<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:	213 896 2586		
Email:	ptdocketing@hklaw.com		
Correspondent Name:	Theresa W, Middlebrook		
Address Line 1:	400 South Hope Street		
Address Line 2:	Suite 800		
Address Line 4:	Los Angeles, CALIFORNIA 90071		
NAME OF SUBMITTER:	Theresa W. Middlebrook		
SIGNATURE:	/twm/		
DATE SIGNED:	02/07/2017		
Total Attachments: 2			
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State of California Secretary of State

LLC-1A

File #

2012925 out
Limited Liability Company
Articles of Organization - Conversion

FILED
Secretary of State
State of California

JAN 07 2016

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

Center for Autism and Related Disorders, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

[X] One Manager [] More Than One Manager [] All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code
21600 Oxnard Street, Suite 1800 Woodland Hills CA 91367

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code

6. Initial Agent for Service of Process: Item 6a: List the name of an individual or a corporation registered in CA under California Corporations Code section 1505 that agrees to be your agent for service of process. You may not list the converted entity as the agent. Item 6b: If the agent is an individual, list the agent's CA business or residential street address. Item 6c: If the agent is an individual and the converting entity is a CA corporation, limited partnership or general partnership, list the the agent's mailing address. Do not list an address if the agent is a CA registered corporate agent as the address for service of process is already on file.

a. Name of Agent For Service of Process

Donald J. Palazzo

b. If an individual, Street Address of Agent for Service of Process - Do not list a P.O. Box City State Zip Code
31248 Oak Crest Drive, Suite 100 Westlake Village CA 91361

c. If an individual, Mailing Address of Agent for Service of Process City State Zip Code
31248 Oak Crest Drive, Suite 100 Westlake Village CA 91361

Converting Entity Information

7. Name of Converting Entity
Center for Autism and Related Disorders Inc.

8. Form of Entity Corporation 9. Jurisdiction California 10. CA Secretary of State File Number, if any 2012925

11. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote. AND The percentage vote required of each class.
1,000,000 shares of common stock 100%

Additional Information

12. Additional Information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

13. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

[Signature]
Signature of Authorized Person

Doreen Granpeesheh, President
Type or Print Name and Title of Authorized Person

[Signature]
Signature of Authorized Person

Doreen Granpeesheh, Secretary
Type or Print Name and Title of Authorized Person



I hereby certify that the foregoing transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

JAN 07 2016

Date: _____

ALEX PADILLA, Secretary of State