CH \$65.00 3119719

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM429063

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Form I-9 Compliance, LLC		11/29/2016	Limited Liability Company: CALIFORNIA

RECEIVING PARTY DATA

Name:	Form I-9 Compliance, LLC
Street Address:	5600 Mariner Street
Internal Address:	Suite 200
City:	Tampa
State/Country:	FLORIDA
Postal Code:	33609
Entity Type:	Limited Liability Company: FLORIDA

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	3119719	SIMPLIFY VERIFY COMPLY FORM I-9 COMPLIAN
Registration Number:	3185696	FORM I-9 COMPLIANCE

CORRESPONDENCE DATA

Fax Number: 8132212900

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.

Phone: 8135065180

Email: Stephen.kelly@hwhlaw.com

Correspondent Name: Stephen E. Kelly

Address Line 1: 101 E. Kennedy Boulevard

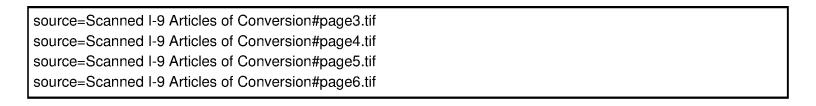
Address Line 2: Suite 3700

Address Line 4: Tampa, FLORIDA 33602

NAME OF SUBMITTER:	Stephen E. Kelly
SIGNATURE:	/Steve Kelly/
DATE SIGNED:	05/26/2017

Total Attachments: 6

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Office Use Only



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DEC - 9 2016

COVER LETTER

то:	Registration S Division of Co				
SUR	IECT: FORM I-	COMPLIANCE, LLC			
30130		(Name o	of Resulting Florida I	.imitec	I Company)
					d fees are submitted to convert an "Other cordance with s. 605.1045, F.S.
Pleas	e return all corre	espondence concerning	g this matter to:		
KARI	REN WILSON				
		(Contact Person)			
KARI	REN A. WILSON,				
		(Firm/Company)			
5600	MARINER STREE				
		(Address)			
TAM	PA, FL 33609				
		City, State and Zip Code)			
_	KWILSONLAW.				
E-	mail Address: (to b	e used for future annual re	port notifications)		
For fi	urther information	on concerning this ma	tter, please call:		
KARI	REN WILSON		_at (813	629-8	950
	(Name of Conta	et Person)	(Area Code)	(Day	time Telephone Number)
Enclo	osed is a check f	or the following amou	nt:		
(\$25 f & \$12	50,00 Filing Fees or Conversion 5 for Articles (anization)	□\$155.00 Filing Fees and Certificate of Status	□\$180,00 Filing I and Certified Copy		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Regis Divis Clifto 2661	EET ADDRES stration Section sion of Corporat on Building Executive Cent hassee, FL 323	ions er Circle	Registra Divisio P. O. Bo	ntion S n of C ox 63:	Corporations

INHS11 (06/15)

Articles of Conversion

For

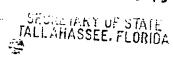
"Other Business Entity"

Into

Florida Limited Liability Company

FILED

2016 NOV 29 AM 8: 19



The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" imm FORM I-9 COMPLIANCE LLC	nediately prior to the filing of the Articles of Conversion is:
(Enter Name of Othe	er Business Entity)
2. The "Other Business Entity" is a LIMITED LIA	ABILITY COMPANY
(Enter entity type	pe. Example: corporation, limited partnership, tnership, common law or business trust, etc.)
First organized, formed or incorporated under the	e laws of CALIFORNIA (Enter state, or if a non-U.S. entity, the name of the country)
JANUART 1, 2005	(Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Co.	impany as set forth in the attached Articles of Organization:
FORM I-9 COMPLIANCE, LLC	
(Enter Name of Florida Limit	ted Liability Company)
date this document is filed by the Florida Department is filed by the Florida Department in the attached Articles of Organiza	e of receipt or filed date nor more than 90 days after the partment of State; AND 2) must be the same as the effective ation, if an effective date is listed therein.) applicable statutory filing requirements, this date will not be listed as the

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 540 day of Comber	20 1.6	٧
	0	FILED
Signature of Authorized Representative of Limit Signature of Authorized Representative: Printed Name:	Title Harases	SECRETARY OF STATE ALLAHASSEE, FLORIDA
Signature(s) on Dehalf of Other Business Entity: [S		
Signature: Printed Name: Dufe Confect	Title: Marager	
Signature: Printed Name:	_ Title:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	_Title:	
Signature: Printed Name:	_Title:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Clif Directors or Officers have not been selected, an Income.		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	d Liability Company is:		
FORM 1-9 COMPLIANC	CE, LLC		
(Must en	nd with the words "Limited Lial	pility Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Addres		ncipal office of the Limited Liability Com	npany is:
Principal Office Addre	ess:	Mailing Address:	
5600 MARINER STREE	T, SUITE 200	5600 MARINER STREET, SUITE	200
TAMPA, FL 33609	**************************************	TAMPA, FL 33609	
	oany cannot serve as its own Re	Office, & Registered Agent's Signature gistered Agent. You must designate an individual	
The name and the Flori	da street address of the re	gistered agent are:	
	KARREN A. WILSO	N PA	
	·	Name	
	5600 MARINER STR	EET, SUITE 200	
	Florida street addre	ss (P.O. Box <u>NOT</u> acceptable)	
	TAMPA	FL 33609	
	City	Zip	
place designated in thi further agree to comply	is certificate, I hereby acce with the provisions of all s nd accept the obligations o	cept service of process for the above stated opt the appointment as registered agent and statutes relating to the proper and complete of my position as registered agent as provided Agent's Signature (REQUIRED), (CONTINUED) Page 1 of 2	d agree to act in this capacity. I e performance of my duties, and I

KIRAN C. PATEL 5600 MARINER STREET, SUITE 200 TAMPA, FL 33609	SECRETARY OF STATE ALLAHASSEE, FLORIDA	2018 NOV 29 AM 8: 20	FILED
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on under the penalties of perjury that the facts stated herein a	ument are true.		
	a member or an authorized representative of a member. on 605.0205 (3). Florida Statutes, the execution of this does no under the penalties of perjury that the facts stated hereing in information submitted in a document to the Department of	a member or an authorized representative of a member. on 605.0205 (3). Florida Statutes, the execution of this document on under the penaltics of perjury that the facts stated herein are true, the information submitted in a document to the Department of State to follow as provided for in s.817.155. F.S.)	a member or an authorized representative of a member. on 605.0205 (3). Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State to follow as provided for in s.817.155. F.S.)

Filing Fees: