

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM466139

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
The Retrofit Source, Inc.		03/14/2018	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	The Retrofit Source, LLC		
Street Address:	32775 Aspen Glen Dr.		
City:	Solon		
State/Country:	OHIO		
Postal Code:	44139		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	4727385	XB35	
Registration Number:	4742809	ELITE HID	
CORRESPONDENCE DATA			
Fax Number:			
<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:	6782308101		
Email:	scraighead@patelburkhalter.com		
Correspondent Name:	Susan T Craighead		
Address Line 1:	4045 Orchard Road, Bldg. 400		
Address Line 4:	Atlanta, GEORGIA 30080		
NAME OF SUBMITTER:	Susan T. Craighead		
SIGNATURE:	/STC/		
DATE SIGNED:	03/19/2018		
Total Attachments: 13			
source=Certificate of Conversion.Ohio.Stamped#page1.tif			
source=Certificate of Conversion.Ohio.Stamped#page2.tif			
source=Certificate of Conversion.Ohio.Stamped#page3.tif			
source=Certificate of Conversion.Ohio.Stamped#page4.tif			
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OP \$65.00 4727385

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source=Certificate of Conversion.Ohio.Stamped#page8.tif
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source=DE Certificate of Conversion#page3.tif
source=DE Certificate of Conversion#page4.tif

*** 201807402954 ***

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/16/2018	201807402954	CONVERSION WITHIN SOS RECORDS (CVS)	99.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

UNISEARCH INC.
3958-D BROWN PARK DR
HILLIARD, OH 43026

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
1984329**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THE RETROFIT SOURCE, LLC

and, that said business records show the filing and recording of:

Document(s)
CONVERSION WITHIN SOS RECORDS

Document No(s):
201807402954

Effective Date: 03/16/2018

CHANGE BUSINESS TYPE FOR. PROFIT LIM. LIAB. CO.



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 16th day of March, A.D. 2018.

Handwritten signature of Jon Husted in cursive.

Ohio Secretary of State

**TRADEMARK
REEL: 006294 FRAME: 0370**

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3463)
Central Ohio: (614) 486-3910
www.OhioSecretaryofState.gov
bussary@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (not expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1300
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1) Converting Within The Records of the Ohio
Secretary of State

(2) Converting Off The Records of the Ohio
Secretary of State (187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

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

- | | |
|--|---|
| <input type="checkbox"/> Domestic Nonprofit Corporation | <input type="checkbox"/> Partnership |
| <input checked="" type="checkbox"/> Domestic For-Profit Corporation | <input type="checkbox"/> Domestic Limited Partnership |
| <input type="checkbox"/> Foreign Nonprofit Corporation | <input type="checkbox"/> Foreign Limited Partnership |
| <input type="checkbox"/> Foreign For-Profit Corporation | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company | |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company | |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company | |

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic For-Profit Corporation
 Domestic Professional Association
 Foreign Nonprofit Corporation
 Foreign For-Profit Corporation
 Domestic Nonprofit Limited Liability Company
 Foreign Nonprofit Limited Liability Company
 Domestic For-Profit Limited Liability Company
 Foreign For-Profit Limited Liability Company

Partnership
 Domestic Limited Partnership
 Foreign Limited Partnership
 Domestic Limited Liability Partnership
 Foreign Limited Liability Partnership

Effective Date (Optional) (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

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

Name

Mailing Address

City State Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State ZIP Code

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

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
Must be signed by an
authorized representative.

Susan T. Craighead

Signature

Susan T. Craighead

By (if applicable)

Susan T. Craighead

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

The Retrofit Source, Inc.
Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY) 03/14/2018</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-468-2319</p> <p>Date Notified (MM/DD/YYYY) 03/14/2018</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p>Date Notified (MM/DD/YYYY) <input type="text"/></p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature Susan T. Craighead Title Attorney in Fact

Name Susan T. Craighead

Mailing Address 4045 Orchard Dr., Bldg 400

City Atlanta State Georgia ZIP Code 30080

Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 03/14/2018

AJICIA WOOD
NOTARY PUBLIC
COBB COUNTY
STATE OF GEORGIA
MY COMMISSION EXPIRES ON NOV. 14, 2019

Ajicia Wood
Notary Public

Date Commission Expires (MM/DD/YYYY) 11/14/2019

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

County

County

County

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal

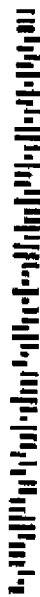
ALICIA WOOD
NOTARY PUBLIC
COBB COUNTY
STATE OF GEORGIA
MY COMMISSION EXPIRES ON NOV. 16, 2019

Notary Public

Date Commission Expires (MM/DD/YYYY)

Ohio | Department of Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



SCOTT A MINOT
PATEL BURKHALTER LAW GROUP
4045 ORCHARD RD BUILDING 400
ATLANTA, GA 30080
USA

March 16, 2018
Contact ID: 8114210264

RE: Certificate of Tax Clearance
Entity Name: The Retrofit Source Inc.
Ohio Charter # 01984329
Certificate Issue Date: 03/16/2018

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Joseph W. Testa
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-888-405-4039
Fax: 1-206-984-0378

JON HUSTED
Ohio Secretary of State



Toll Free: (877) 808-FILE (877-767-3453)
Central Ohio: (614) 496-3910
www.OhioSecretaryofState.gov
busserve@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 829
Columbus, OH 43216
Expedite Filing (two business day processing time,
Requires an additional \$150.00)
P.O. Box 1595
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Registration of a Foreign Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Registration of a Foreign For-Profit Limited Liability Company (106-LFA) ORC 1705

Jurisdiction of Formation:

Date of Formation:

(2) Registration of a Foreign Nonprofit Limited Liability Company (106-LFA) ORC 1705

Jurisdiction of Formation:

Date of Formation:

Name of Limited Liability Company in its jurisdiction of formation

Name under which the foreign limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation) is:

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

The address to which interested persons may direct requests for copies of the limited liability company's operating agreement, bylaws, or other charter documents of the company is:

Name

Mailing Address

City

State

ZIP Code

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

CAPITOL CORPORATE SERVICES, INC.

Name of Agent

4568 MAYFIELD RD STE 204

Mailing Address

CLEVELAND

City

Ohio

State

44121

ZIP Code

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the Ohio Secretary of State if:

- a. an agent is not appointed, or
- b. an agent is appointed but the authority of that agent has been revoked, or
- c. the agent cannot be found or served after the exercise of reasonable diligence.

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

Must be signed by an authorized 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.

Signature

By (if applicable)

Print Name

Patel Burkhalter Law Group

Signature

By (if applicable)

Susan T. Craighead

Print Name

Signature

By (if applicable)

Print Name

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF AN OHIO CORPORATION UNDER THE NAME OF "THE RETROFIT SOURCE, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "THE RETROFIT SOURCE, INC." TO "THE RETROFIT SOURCE, LLC", FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF MARCH, A.D. 2018, AT 3:58 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6797707 8100F
SR# 20181920418

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202324339
Date: 03-15-18

TRADEMARK
REEL: 006294 FRAME: 0379

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Ohio.
- 2.) The jurisdiction immediately prior to filing this Certificate is Ohio.
- 3.) The date the corporation first formed is 12/21/2010.
- 4.) The name of the Corporation immediately prior to filing this Certificate is
The Retrofit Source, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of
Formation is The Retrofit Source, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
13th day of March, A.D. 2018

By: Susan T. Craighead
Authorized Person

Name: Susan T. Craighead, Esq
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "THE RETROFIT SOURCE, LLC" FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF MARCH, A.D. 2018, AT 3:58 O`CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6797707 8100F
SR# 20181920418

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202324339
Date: 03-15-18

TRADEMARK
REEL: 006294 FRAME: 0381

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

• **First:** The name of the limited liability company is _____
The Retrofit Source, LLC

• **Second:** The address of its registered office in the State of Delaware is
1675 South State St., Ste B in the City of Dover
Zip Code 19901

The name of its Registered agent at such address is _____
Capitol Services, Inc.

• **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
13th day of March, 2018.

By: Susan J Craighead
Authorized Person(s)

Name: Susan Craighead
Typed or Printed