

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM556421

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
AssetLock, LLC		07/24/2019	Limited Liability Company: COLORADO
RECEIVING PARTY DATA			
Name:	AssetLock, LLC		
Street Address:	86 Summit Ave.		
Internal Address:	Ste. 303		
City:	Summit		
State/Country:	NEW JERSEY		
Postal Code:	07901		
Entity Type:	Limited Liability Company: NEW JERSEY		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	4099008	ASSETLOCK	
Registration Number:	4735017	A	
Registration Number:	5247175	ASSETLOCK EQUIPPED ADVISOR	
CORRESPONDENCE DATA			
Fax Number:	2059305101		
<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:	2059305282		
Email:	tbush@sirate.com		
Correspondent Name:	Timothy A. Bush Esq.		
Address Line 1:	2311 Highland Ave. S.		
Address Line 4:	Birmingham, ALABAMA 35205		
ATTORNEY DOCKET NUMBER:	53654-1		
NAME OF SUBMITTER:	Timothy A. Bush		
SIGNATURE:	/TAB/		
DATE SIGNED:	01/08/2020		
Total Attachments: 4			
source=ASSETLOCK LLC - NJ Organization Evidence#page1.tif			

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"FEE REQUIRED" PUBLIC RECORDS FILING FOR NEW BUSINESS ENTITY

Fill out all information below INCLUDING INFORMATION FOR ITEM 11, and sign in the space provided. Please note that once filed, this form constitutes your original certificate of incorporation/formation/registration/authority, and the information contained in the filed form is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

1. Business Name: ASSETLOCK, LLC

2. Type of Business Entity: L L C
(See Instructions for Codes, Page 21, Item 2)

3. Business Purpose: Financial asset planning
(See Instructions, Page 22, Item 3)

4. Stock (Domestic Corporations only; LLCs and Non-Profit leave blank):

5. Duration (If Indefinite or Perpetual, leave blank):

6. State of Formation/Incorporation (Foreign Entities Only):

7. Date of Formation/Incorporation (Foreign Entities Only):

8. Contact Information:

Registered Agent Name: Registered Agent Solutions, Inc.

Registered Office:
(Must be a New Jersey street address)

Main Business or Principal Business Address

Street 208 West State Street

Street 86 Summit Ave., Suite 303

City Trenton

Zip 08608

City Summit

State NJ

Zip 07901



9. Management (Domestic Corporations and Limited Partnerships Only)

- For-Profit and Professional Corporations list initial Board of Directors, minimum of 1;
- Domestic Non-Profits list Board of Trustees, minimum of 3;
- Limited Partnerships list all General Partners.

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Name	Street Address	City	State	Zip

The signatures below certify that the business entity has complied with all applicable filing requirements pursuant to the laws of the State of New Jersey.

10. Incorporators (Domestic Corporations Only, minimum of 1)

Name	Street Address	City	State	Zip

Signature(s) for the Public Record (See instructions for Information on Signature Requirements)

Signature	Name	Title	Date
	Christina White	Authorized Person	07/24/2019



Colorado Secretary of State
 Date and Time: 07/24/2019 01:57 PM
 ID Number: 20141140791
 Document number: 20191596049
 Amount Paid: \$50.00

Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion Converting a Domestic Entity into a Foreign Entity
 filed pursuant to § 7-90-201.7 (1) and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number, entity name, form of entity, jurisdiction under the law of which it is formed, and principal office address are

ID number 20141140791
 (Colorado Secretary of State ID number)

Entity name AssetLock, LLC

Form of entity Limited Liability Company

Jurisdiction Colorado

Principal office street address 86 Summit Ave.
 (Street number and name)
Suite 303

Summit NJ 07901
 (City) (State) (ZIP/Postal Code)
United States
 (Province – if applicable) (Country)

Principal office mailing address _____
 (leave blank if same as street address) (Street number and name or Post Office Box information)

 (City) (State) (ZIP/Postal Code)

 (Province – if applicable) (Country)

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name AssetLock, LLC

Form of entity Foreign Limited Liability Company

Jurisdiction New Jersey

Street address 86 Summit Ave.
 (Street number and name)
Suite 303

Summit NJ 07901
 (City) (State) (ZIP/Postal Code)

 (Province – if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province – if applicable) (Country)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

or

The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)

or

(if an entity) Registered Agent Solutions, Inc.
(Caution: Do not provide both an individual and an entity name.)

Street address 36 South 18th Avenue
(Street number and name)
Suite D
Brighton CO 80601
(City) (State) (ZIP Code)

Mailing address
(leave blank, if same as street address) _____
(Street number and name or Post Office Box information)

(City) CO _____
(State) (ZIP Code)

5. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

6. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are _____
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent

documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

7. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>White</u>	<u>Christina</u>		
(Last)	(First)	(Middle)	(Suffix)
<u>86 Summit Ave.</u>			
(Street number and name or Post Office Box information)			
<u>Suite 303</u>			
<u>Summit</u>	<u>NJ</u>	<u>07901</u>	
(City)	(State)	(ZIP/Postal Code)	
<u></u>		<u></u>	
(Province – if applicable)		(Country)	

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).