# H \$90.00 491

### TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM561204

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type	
Service Champions, Inc.		05/09/2019	Corporation: CALIFORNIA	

### **RECEIVING PARTY DATA**

Name:	Service Champions, LLC	
Street Address:	3150 E. Birch Street	
City:	Brea	
State/Country:	CALIFORNIA	
Postal Code:	92821	
Entity Type:	Limited Liability Company: CALIFORNIA	

### **PROPERTY NUMBERS Total: 3**

Registration Number: 4905305		Word Mark		
		HEATING. A/C. AND GOOD DEEDS FOR FREE.		
		SERVICE CHAMPIONS		
		SERVICE CHAMPIONS HEATING & AIR CONDITIO		

### CORRESPONDENCE DATA

**Fax Number:** 9494754754

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:** 949-451-3800

**Email:** skann@gibsondunn.com

Correspondent Name: Stephanie Kann

Address Line 1: 3161 Michelson Drive

Address Line 2: Gibson, Dunn & Crutcher LLP Address Line 4: Irvine, CALIFORNIA 92612

ATTORNEY DOCKET NUMBER:	20761-00044
NAME OF SUBMITTER:	Stephanie Kann
SIGNATURE:	/stephanie kann/
DATE SIGNED:	02/07/2020

### **Total Attachments: 2**

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# **State of California Secretary of State**

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## **Limited Liability Company Articles of Organization - Conversion**

IMPORTANT — Read all instructions before completing this form.

FILED Secretary of State State of California

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Converted Entity Information							
<ol> <li>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.)</li> </ol>							
	Service Champions, 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):						
	One Manager	More Than One Manager	,	✓ All Limited I	iability Compan	y Member(s)	
4.	Initial Street Address of Limited Liability	Company's Designated Office in Co	4	City	State	Zip Code	
3	3150 E. Birch Street		E	Brea	CA	92821	
5.	Initial Mailing Address of Limited Liability	Company, if different from Item 4	ja (	Cíty	State	Zip Code	
	. 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	s .					
	NATIONAL REGISTERED A	GENTS, INC.					
				Zip Code			
	c. If an individual, Mailing Address of A	gent for Service of Process		City	State	Zip Code	
Co	nverting Entity Information						
7,	Name of Converting Entity Service Champions, Inc.						
<u> </u>	Form of Entity	9. Jurisdiction		10. CA Secretary	of State File Nu	ımber, if any	
7.	corporation	California			2186508		
11.	1. 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 of the percentage		The percent	centage vote required of each class.				
	10,000 shares of	common stock		Mo	re than 50%		
Ad	ditional 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 of Authorized Person  Leland Smith, Chief Executive Officer  Type or Print Name and Title of Authorized Person							
	Leland Smith, Chief Financial Officer						
	Signature of Authorized Person  Type or Print Name and Title of Authorized Person						
LLC	-1A (REV 10/2018)		1		APPROVED BY S	SECRETARY OF STATE	

**TRADEMARK** 

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I hereby can transcript of is a full, true original reco California S

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

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Ole, Zoll
ALEX PADILLA, Secretary of State

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**RECORDED: 02/07/2020**