

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM581388

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT		
NATURE OF CONVEYANCE:	Corrective Assignment to correct the receiving party entity type previously recorded on Reel 005813 Frame 0923. Assignor(s) hereby confirms the receiving party is a Florida Limited Liability Company.		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
A LA MODE TECHNOLOGIES, INC.		12/01/2015	Corporation: FLORIDA
RECEIVING PARTY DATA			
Name:	A LA MODE TECHNOLOGIES, LLC		
Street Address:	9110 Strada Place, Suite 6210		
City:	Naples		
State/Country:	FLORIDA		
Postal Code:	34108		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3824650	WINTOTAL	
Registration Number:	3909941	A LA MODE, INC.	
CORRESPONDENCE DATA			
Fax Number:	6098961469		
<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:	6098963600		
Email:	IPDocket@foxrothschild.com		
Correspondent Name:	Fox Rothschild LLP		
Address Line 1:	997 Lenox Drive		
Address Line 4:	Lawrenceville, NEW JERSEY 08648-2311		
ATTORNEY DOCKET NUMBER:	180633.00002		
NAME OF SUBMITTER:	Carol Donahue		
SIGNATURE:	/Carol Donahue/		
DATE SIGNED:	06/15/2020		
Total Attachments: 9			
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OP \$65.00 3824650

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TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM388196

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
a la mode technologies, Inc.		12/01/2015	Corporation:
RECEIVING PARTY DATA			
Name:	a la mode technologies, LLC		
Street Address:	9110 Strada Place, Suite 6210		
City:	Naples		
State/Country:	FLORIDA		
Postal Code:	34108		
Entity Type:	Corporation: FLORIDA Limited Liability Company: Florida		
PROPERTY NUMBERS Total: 6			
Property Type	Number	Word Mark	
Serial Number:	86409289	NARRATIVE COLLECTION	
Serial Number:	86409296	SIMPLY BETTER TECHNOLOGY	
Serial Number:	86409303	EDOMINA.COM	
Registration Number:	3824650	WINTOTAL	
Registration Number:	3840516	POCKET TOTAL	
Registration Number:	3909941	A LA MODE, INC.	
CORRESPONDENCE DATA			
Fax Number:	3146673633		
<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:	314-552-6000		
Email:	ipdocket@thompsoncoburn.com		
Correspondent Name:	Jennifer A. Visintine		
Address Line 1:	ONE US BANK PLAZA		
Address Line 2:	Thompson Coburn LLP, 30th Floor		
Address Line 4:	St. Louis, MISSOURI 63101		
NAME OF SUBMITTER:	Jennifer A. Visintine		
SIGNATURE:	/Jennifer A. Visintine/		
DATE SIGNED:	06/16/2016		

CH \$165.00 86409289

Total Attachments: 7

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L15000199395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

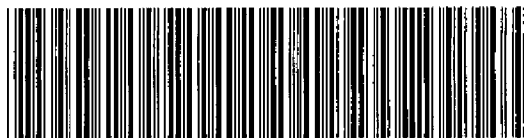
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100279633611

12/03/15--01001--004 **150.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 DEC -2 PM 4:40
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 DEC -2 AM 8:19
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DEC 03 2015

T SCHROEDER TRADEMARK

REEL: 006970 FRAME: 0925

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

A LA MODE TECHNOLOGIES, INC.

P12000049444



Profit
 Nonprofit
 Foreign

Limited Partnership
 LLC

Certified Copy

Call When Ready
 Walk In
 Mail Out

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

Amendment
 Dissolution/Withdrawal
 Reinstatement
 Annual Report
 Name Registration
 Fictitious Name
 Photocopies

Call If Problem
 Will Wait

12/2/2015

KM

Merger
 Mark
 Other
Conversion
 UCC
 CUS

After 4:30
 Pick Up

Order#: **9793411**

Ref#: _____

Amount: \$ _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: a la mode technologies, LLC
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Amy Lewis
(Contact Person)
a la mode technologies, LLC
(Firm/Company)
3705 W Memorial Road, Bldg 402
(Address)
Oklahoma City, OK 73134
(City, State and Zip Code)
legal@alamode.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Louis C. Spelios at (404) 572-6796
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization) | <input type="checkbox"/> \$155.00 Filing Fees
and Certificate of
Status | <input type="checkbox"/> \$180.00 Filing Fees
and Certified Copy | <input type="checkbox"/> \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status |
|--|---|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS11 (01/14)

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

This Certificate of Conversion **and attached Articles of Organization** 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" immediately prior to the filing of this Certificate of Conversion is: a la mode technologies, Inc. P12-49444

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation

(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
on May 29, 2012
(date of organization, formation or incorporation)

(Enter state, or if a non-U.S. entity, the name of the country)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: a la mode technologies, LLC

(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

5. The plan of conversion has been approved in accordance with ss. 605.1041-605.1046.

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

15 DEC -2 AM 8:19

P12-49444

Signed this 1st day of December 2015

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: _____
Printed Name: David P. Biggers, Jr. Title: Chairman

Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: _____
Printed Name: David P. Biggers, Jr. Title: Chairman

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 Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

15 DEC -2 AM 8:19
SECRET
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

a la modo technologies, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

9110 Strada Place, Suite 6210
Naples, FL 34108

Mailing Address:

9110 Strada Place, Suite 6210
Naples, Florida: 34108

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box **NOT** acceptable)

Plantation

City

FL 33324

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Cassie Bays

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
BRIAN KENNEDY, FLORIDA

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FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

David P. Biggers, Jr.

9110 Strada Place, Suite 6210

Naples, Florida: 34108

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David P. Biggers, Jr.

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

DEPARTMENT OF STATE
Tallahassee, Florida

15 DEC -2 AM 8:19

FILED