

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM594674

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Foundation Software, Inc.		08/27/2020	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Foundation Software, LLC		
Street Address:	17800 Royalton Road		
City:	Strongsville		
State/Country:	OHIO		
Postal Code:	44136		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 9			
Property Type	Number	Word Mark	
Registration Number:	5608948	BOOKKEEPING4CONSTRUCTION.COM	
Registration Number:	5608946	BOOKKEEPING4CONSTRUCTION.COM	
Registration Number:	5180906	FOUNDATION SAAS	
Registration Number:	5143723	SERVICE DISPATCH MOBILE	
Registration Number:	4976791	FOUNDATION SOFTWARE	
Registration Number:	4171257	FOUNDATION MOBILE	
Registration Number:	3872391	FOUNDATION SOFTWARE	
Registration Number:	3846773	AMERICA'S #1 CONSTRUCTION ACCOUNTING SOF	
Registration Number:	2644285	FOUNDATION	
CORRESPONDENCE DATA			
Fax Number:	3128622200		
<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:	312-862-6371		
Email:	renee.prescan@kirkland.com		
Correspondent Name:	Renee Prescan		
Address Line 1:	300 North LaSalle Street		
Address Line 2:	Kirkland & Ellis LLP		
Address Line 4:	Chicago, ILLINOIS 60654		
ATTORNEY DOCKET NUMBER:	36774-467		

CH \$240.00 5608948

NAME OF SUBMITTER:	Renee M. Prescan
SIGNATURE:	/Renee M. Prescan/
DATE SIGNED:	08/28/2020
Total Attachments: 4 source=Foundation Software Conversion Certificate#page1.tif source=Foundation Software Conversion Certificate#page2.tif source=Foundation Software Conversion Certificate#page3.tif source=Foundation Software Conversion Certificate#page4.tif	



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/27/2020	202024002746	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

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

BENESCH FRIEDLANDER COPLAN & ARONOFF LLC
200 PUBLIC SQUARE
SUITE 2300
CLEVELAND, OH 44114

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
656173**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
FOUNDATION SOFTWARE, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: **08/27/2020**

CHANGE BUSINESS TYPE DOM. LIMITED LIABILITY CO.

Document No(s):

202024002746



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
27th day of August, A.D. 2020.

Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

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
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

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.

/s/ Michael Ode

Signature

[Empty signature box]

By (if applicable)

Michael Ode, President

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name