

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM689201

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|---|--|-----------------------|------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | ENTITY CONVERSION | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Preemptive Solutions, LLC | | 04/08/2021 | Limited Liability Company: OHIO |
| RECEIVING PARTY DATA | | | |
| Name: | Preemptive Solutions, LLC | | |
| Street Address: | 10801 N. Mopac Expy., Bld. 1, Ste. 100 | | |
| City: | Austin | | |
| State/Country: | TEXAS | | |
| Postal Code: | 78759 | | |
| Entity Type: | Limited Liability Company: DELAWARE | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2741460 | DOTFUSCATOR | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 4088501955 | | |
| <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: | 408-266-4700 | | |
| Email: | PTOMail@TechMark.com | | |
| Correspondent Name: | Martin R. Greenstein c/o TechMark | | |
| Address Line 1: | 4820 Harwood Road, Suite 110 | | |
| Address Line 4: | San Jose, CALIFORNIA 95124 | | |
| NAME OF SUBMITTER: | Angelique M. Riordan | | |
| SIGNATURE: | /Angelique M. Riordan/ | | |
| DATE SIGNED: | 11/19/2021 | | |
| Total Attachments: 6 | | | |
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OP \$40.00 2741460

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 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 checked="" 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.

Trey Chambers

Signature

Manager

By (if applicable)

Trey Chambers

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 533B 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

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: State Country

Date of Formation:

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

Jurisdiction of Formation: State Country

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 Country 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

Corporation Service Company

Name of Agent

50 West Broad Street, Suite 1330

Mailing Address

Columbus

City

Ohio

State

43215

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.

Trey Chambers

Signature

Manager

By (if applicable)

Trey Chambers

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name