

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM702122

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Solar Light Company, Inc.		02/25/2021	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Solar Light Company, LLC		
Street Address:	100 East Glenside Avenue		
City:	Glenside		
State/Country:	PENNSYLVANIA		
Postal Code:	19038		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 13			
Property Type	Number	Word Mark	
Serial Number:	88777744	CHECKPLATE	
Serial Number:	90094464	SOLARMETER	
Serial Number:	88044480	OPTRONIC LABORATORIES	
Serial Number:	86677156	SOLARMETER	
Serial Number:	85041750	SOLARMETER	
Serial Number:	77891304	UV MINDER	
Serial Number:	77669515	MICROTOPS	
Serial Number:	77322418	MULTIPOINT	
Serial Number:	76654584	SOLAR LIGHT	
Serial Number:	75402358	SOLAR LIGHT CO.	
Serial Number:	88181947	OPTOLON	
Serial Number:	90386170	SOLAR LIGHT	
Serial Number:	90628564	RESTASSURED	
CORRESPONDENCE DATA			
Fax Number:	2158518383		
<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:	2158518504		
Email:	lmcguinness@eckertseamans.com		

OP \$340.00 8877744

Correspondent Name: Mark T. Vogelbacker
Address Line 1: 50 S. 16th Street, 22nd Floor
Address Line 4: Philadelphia, PENNSYLVANIA 19102-2516

NAME OF SUBMITTER: Mark T. Vogelbacker

SIGNATURE: /Mark T. Vogelbacker/

DATE SIGNED: 01/14/2022

Total Attachments: 6

source=Solar Light Company LLC-PA-conversion documents#page1.tif
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

11/09/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Solar Light Company, LLC

I, Veronica Degraffenreid, Acting Secretary of the Commonwealth of Pennsylvania, do hereby certify that the foregoing and annexed is a true and correct copy of

Amendment filed on Mar 3, 2021 - Pages (5)

which appear of record in this department.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Degraffenreid".


Acting Secretary of the Commonwealth

Certification Number: TSC211109152375-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

TRADEMARK
REEL: 007559 FRAME: 0373

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <u>M. BURR KEIM COMPANY</u> Name Address City State Zip Code	Statement of Conversion DSCB:15-355  TML210303JD1042
<input checked="" type="checkbox"/> Return document by email to: <u>info@mburrkeim.com</u>	

Read all instructions prior to completion.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Solar Light Company, Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

04/02/2003
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT OF STATE

MAR 3 2021

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p> <p>(a) <u>111 N. 6th St.</u> <u>Reading</u> <u>PA</u> <u>19601</u> <u>Berks</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____ <small>Number and street City State Zip</small></p>

B. For the converted association:

1. The name of the converted association is: Solar Light Company, LLC
2. The jurisdiction of formation of the converted association is: Pennsylvania
3. The type of association is (check only one):

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) <u>100 East Glenside Avenue, Glenside, PA 19038</u></p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 45%;">Number and street</td> <td style="border: none; width: 15%;">City</td> <td style="border: none; width: 15%;">State</td> <td style="border: none; width: 15%;">Zip</td> <td style="border: none; width: 10%;">County</td> </tr> </table> <p>(b) c/o: _____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">Name of Commercial Registered Office Provider</td> <td style="border: none; width: 20%;">County</td> </tr> </table>	Number and street	City	State	Zip	County	Name of Commercial Registered Office Provider	County					
Number and street	City	State	Zip	County									
Name of Commercial Registered Office Provider	County												
<input type="checkbox"/>	<p>If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 45%;">Number and street</td> <td style="border: none; width: 15%;">City</td> <td style="border: none; width: 15%;">State</td> <td style="border: none; width: 15%;">Zip</td> <td style="border: none; width: 10%;">County</td> </tr> </table>	Number and street	City	State	Zip	County							
Number and street	City	State	Zip	County									
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 45%;">Number and street</td> <td style="border: none; width: 15%;">City</td> <td style="border: none; width: 15%;">State</td> <td style="border: none; width: 15%;">Zip</td> <td style="border: none; width: 10%;"></td> </tr> </table> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 80%;">Name of Registered Agent</td> <td style="border: none; width: 20%;"></td> </tr> </table> <p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 45%;">Number and street</td> <td style="border: none; width: 15%;">City</td> <td style="border: none; width: 15%;">State</td> <td style="border: none; width: 15%;">Zip</td> <td style="border: none; width: 10%;"></td> </tr> </table>	Number and street	City	State	Zip		Name of Registered Agent		Number and street	City	State	Zip	
Number and street	City	State	Zip										
Name of Registered Agent													
Number and street	City	State	Zip										

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
 - This Statement of Conversion shall be effective on: _____ at _____
- Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association – The conversion was approved in accordance with the law
- of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 25th day of February, 2021.

Solar Light Company, Inc.

 Name of Converting Association


[Handwritten Signature]

 Signature

President

 Title

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <input checked="" type="checkbox"/> Return document by email to: srfiner@gycglaw.com	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev 2/2017)  <small>332*</small>
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: Solar Light Company, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) – not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

100 East Glenside Avenue, Glenside, PA 19038 Montgomery

Number and Street	City	State	Zip	County
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(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o:
Name of Commercial Registered Office Provider County

3. The name of each organizer is *(all organizers must sign on page 2)*:

Jay M. Silverman

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

- The Certificate of Organization shall be effective upon filing in the Department of State.
- The Certificate of Organization shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

25th day of February, 2021.



 Signature

 Signature

 Signature