

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM782751

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Pro Park, Inc.		01/24/2023	Corporation: CONNECTICUT
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Pro Park, LLC		
<b>Street Address:</b>	One Union Place		
<b>City:</b>	Hartford		
<b>State/Country:</b>	CONNECTICUT		
<b>Postal Code:</b>	06103		
<b>Entity Type:</b>	Limited Liability Company: CONNECTICUT		
<b>PROPERTY NUMBERS Total: 21</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3929846	BLUE SKY	
<b>Registration Number:</b>	5768179	CLOUDPARK REMOTE MANAGEMENT CENTER	
<b>Registration Number:</b>	5768180	CLOUDPARK REMOTE MANAGEMENT CENTER	
<b>Registration Number:</b>	5883713	JIFFY AIRPORT PARKING	
<b>Registration Number:</b>	5126670	PARK ON!	
<b>Registration Number:</b>	3883606	PARKING PEOPLE	
<b>Registration Number:</b>	5126669	PARKTROVE	
<b>Registration Number:</b>	6006102	PROPARK MOBILITY	
<b>Registration Number:</b>	5080279	THE EXACT RIGHT WAY	
<b>Registration Number:</b>	4229131	NANOMAX	
<b>Registration Number:</b>	2868941	THE PERFECT PARKING MOMENT	
<b>Registration Number:</b>	4894657	PARK FRESH	
<b>Registration Number:</b>	2061591	PROPARK	
<b>Registration Number:</b>	2735340	PROPARK AMERICA	
<b>Registration Number:</b>	2714335	PROPARK AMERICA	
<b>Registration Number:</b>	2815425	SHERPA SERVICE	
<b>Registration Number:</b>	6668768	VIRTUAL PARKING CONCIERGE	
<b>Registration Number:</b>	6668767	VIRTUAL VALET PARKING	
<b>Registration Number:</b>	3898159	NANOMAX	

CH \$540.00 3929846

Property Type	Number	Word Mark
Registration Number:	3304595	(P)
Registration Number:	5893984	CLOUDPARK OFFICE TOWER PARKING SOFTWARE

**CORRESPONDENCE DATA**

**Fax Number:** 3128622200

*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:** 3128622272

**Email:** carrie.rosenberg@kirkland.com

**Correspondent Name:** Carrie Rosenberg

**Address Line 1:** Kirkland and Ellis

**Address Line 2:** 300 N. LaSalle

**Address Line 4:** Chicago, ILLINOIS 60654

**ATTORNEY DOCKET NUMBER:** 35173-594

**NAME OF SUBMITTER:** Carrie Rosenberg

**SIGNATURE:** /Carrie Rosenberg/

**DATE SIGNED:** 01/26/2023

**Total Attachments: 6**

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STATE OF CONNECTICUT

CERTIFICATE OF CONVERSION  
OF CONNECTICUT CORPORATION TO  
A DOMESTIC ENTITY OF A DIFFERENT TYPE  
PURSUANT TO CHAPTER 616 OF TITLE 34

1. The name, jurisdiction of organization, and type of converting entity: Pro Park, Inc., a Connecticut corporation.
2. The name, jurisdiction of organization and type of the converted entity: Pro Park, LLC, a Connecticut limited liability company.
3. Effective date of conversion: Upon filing.
4. The plan of conversion was approved in accordance with Chapter 616, Part IV.
5. The text of the converted entity's public organic document is attached hereto as Exhibit A.

IN WITNESS WHEREOF, the undersigned being duly authorized to sign on behalf of the converting Connecticut entity has executed this Certificate of Conversion on this 24th day of January, 2023.

PRO PARK, INC.

By: 

Name: John Schmid

Title: President

**EXHIBIT A**

CERTIFICATE OF ORGANIZATION OF PRO PARK, LLC



# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [crd@ct.gov](mailto:crd@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

OFFICE USE ONLY

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY – DOMESTIC

- Use ink. • Print or type.
- Attach additional 8½ x 11 sheets if necessary.

<b>FILING PARTY</b> <i>(Confirmation will be sent to this address):</i>  NAME: Danielle Ryan-Praus MAILING ADDRESS: Hinckley Allen 20 Church Street CITY: Hartford STATE: CT ZIP: 06103 -	<b>FILING FEE: \$120</b>  <i>Make checks payable to "Secretary of the State"</i>
<b>1. NAME OF LIMITED LIABILITY COMPANY</b> <i>(required)</i> <i>(Must include business designation such as LLC, L.L.C., etc.):</i>  Pro Park, LLC	
<b>2. PRINCIPAL OFFICE ADDRESS</b> <i>(required)</i> <i>(Provide full address):</i> <small>(P.O. Box unacceptable)</small>  STREET: One Union Place CITY: Hartford STATE: CT ZIP: 06103 -	
<b>3. MAILING ADDRESS</b> <i>(required)</i> <i>(Provide full address):</i> <small>(P.O. Box IS acceptable)</small>  STREET OR P.O. BOX: One Union Place CITY: Hartford STATE: CT ZIP: 06103 -	
<b>NOTE: COMPLETE EITHER 4A BELOW OR 4B ON THE FOLLOWING PAGE, NOT BOTH.</b>	
<b>4. APPOINTMENT OF REGISTERED AGENT</b> <i>(required):</i> <input checked="" type="checkbox"/> If Agent is an individual, print or type full legal name: _____  Signature accepting appointment  _____	
<b>BUSINESS ADDRESS</b> <i>(required):</i> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: ZIP: -	Check box if none: <input type="checkbox"/>  <b>CONNECTICUT RESIDENCE ADDRESS</b> <i>(required):</i> <small>(P.O. Box unacceptable)</small> STREET: CITY: STATE: CT ZIP: -
<b>CONNECTICUT MAILING ADDRESS</b> <i>(required):</i> <small>(P.O. Box IS acceptable)</small> STREET OR P.O. BOX: CITY: STATE: CT ZIP: -	



# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [crd@ct.gov](mailto:crd@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

OFFICE USE ONLY

**NOTE: DO NOT COMPLETE 4B BELOW IF AGENT APPOINTED IN 4A ON THE PREVIOUS PAGE.**

If Agent is a business,  
print or type name of business as it appears on our records: C T Corporation System

Signature accepting appointment on behalf of agent: 

Print full name and title of person signing on behalf of agent: Kendra Jesus, VP

<b>CONNECTICUT BUSINESS ADDRESS (required):</b> <small>(P.O. Box unacceptable)</small> STREET: 67 Burnside Avenue CITY: East Hartford STATE: CT ZIP: 06108 - 3408	<b>CONNECTICUT MAILING ADDRESS (required):</b> <small>(P.O. Box IS acceptable)</small> STREET OR P.O. BOX: 67 Burnside Avenue CITY: East Hartford STATE: CT ZIP: 06108 - 3408
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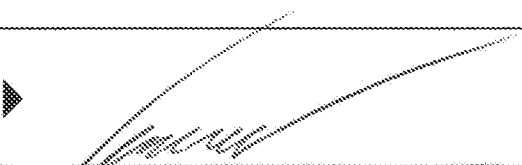
**5. MANAGER OR MEMBER INFORMATION (required)**  
*(Must list at least one Manager or Member of the LLC; attach additional 8 1/2 x 11 sheets if necessary):*

FULL NAME	TITLE	BUSINESS ADDRESS (No P.O. Box)	RESIDENCE ADDRESS (No P.O. Box)
Transit Parent, Inc.	<input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager	Check if none: <input type="checkbox"/> ADDRESS: 167 Fern Avenue CITY: Litchfield STATE: CT ZIP: 06759 -	ADDRESS: CITY: STATE: ZIP: -
	<input type="checkbox"/> Member <input type="checkbox"/> Manager	Check if none: <input type="checkbox"/> ADDRESS: CITY: STATE: ZIP: -	ADDRESS: CITY: STATE: ZIP: -

<b>6. ENTITY E-MAIL ADDRESS (required):</b> <small>(Check box if none. Do not leave blank.)</small> <input type="checkbox"/> None <u>Tim.Willey@propark.com</u>	<b>7. NAICS CODE (six digits):</b> <table border="1"> <tr> <td>8</td> <td>1</td> <td>2</td> <td>9</td> <td>3</td> <td>0</td> </tr> </table>	8	1	2	9	3	0
8	1	2	9	3	0		

**8. EXECUTION / SIGNATURE (required)** *(Subject to penalties of false statement):*

Date (mm/dd/yyyy): 01/24/2023

<b>NAME OF ORGANIZER (print/type)</b> <b>(THE LLC CANNOT BE ITS OWN ORGANIZER)</b>  John Schmid	<b>SIGNATURE</b> 
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# Secretary of the State of Connecticut Acceptance Notice

Danielle Ryan-Praus

Date: 1/24/2023 5:13:11 PM

**This letter is to confirm the acceptance of the following business filing. This is not a bill:**

### ***Transaction Details***

Business Name: PRO PARK, LLC  
Business ID (ALEI): US-CT.BER:0211692  
Type of Request: Statement of Conversion

Work Order Number: W-0000939014  
Filing Number: 0011678033  
Filing Date & Time: 1/24/2023 10:06:14 AM  
Effective Date & Time: 01/24/2023 10:06 AM

### ***Payment Details***

Work Order Payment Total: \$180.00  
Filing Fee: \$180.00  
Payment Deducted: \$180.00

Thank you,

Anna Goldblatt

Business Services Division  
165 Capitol Ave, P.O. Box 150470  
Hartford, CT 06115-0470

[crd@ct.gov](mailto:crd@ct.gov)

[Business.CT.gov](http://Business.CT.gov)