

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM806987

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
SEQUENCE:	2		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Help Home Services, Inc.		07/09/2021	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Help Home Services, LLC		
Street Address:	6 N. Commerce Park		
City:	Cincinnati		
State/Country:	OHIO		
Postal Code:	45215		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	5115220	NEVER LATE, 8 - 8	
Registration Number:	4383854	HELP	
Registration Number:	4556416	333 HELP	
CORRESPONDENCE DATA			
Fax Number:	9497609502		
<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:	310-551-3450		
Email:	jonathan.hyman@knobbe.com		
Correspondent Name:	Jonathan A. Hyman		
Address Line 1:	2040 Main Street 14th Floor		
Address Line 4:	Irvine, CALIFORNIA 92614		
ATTORNEY DOCKET NUMBER:	SERTH.000GEN		
NAME OF SUBMITTER:	JONATHAN A. HYMAN		
SIGNATURE:	/jhh/		
DATE SIGNED:	04/28/2023		
Total Attachments: 10 source=Conversion#page1.tif			

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/12/2021	202119004582	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

Receipt

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

FROST BROWN TODD LLC
400 WEST MARKET STREET
SUITE 3200
LOUISVILLE, KY 40202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
169724

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
HELP HOME SERVICES, LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: 07/09/2021

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

202119004582



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
12th day of July, A.D. 2021.

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

HELP HOME SERVICES, INC.

Jurisdiction of Formation

OHIO

Charter/Registration Number

169724

The converting entity is a:
(Check Only (1) One Box)

Domestic Nonprofit Corporation

Domestic For-Profit Corporation

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

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

HELP Home Services, LLC

Jurisdiction of Formation

Ohio

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

Partnership

Foreign For-Profit Corporation

Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company

Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company

Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company

Foreign Limited Liability Partnership

Foreign For-Profit Limited Liability Company

Effective Date
(Optional)

MM/DD/YYYY

(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.

Nicole Pachja, Paralegal

Name

Frost Brown Todd LLC, 400 West Market Street, Suite 3200

Mailing Address

Louisville

City

Kentucky

State

40202

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

OH

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.

FBT LLC

Signature

/s/ Scott Dolson

By (if applicable)

Scott Dolson, Manager

Print Name

Signature

By (if applicable)

Print Name

Signature

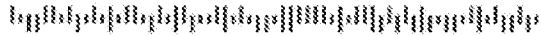
By (if applicable)

Print Name



Department of
Taxation

PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



MARK F SOMMER
HELP PLUMBING,HEATING,COOLING,ELECTRIC
FROST BROWN TODD LLC
400 W MARKET ST STE 3200
LOUISVILLE, KY 40202
USA

June 25, 2021
Contact ID: 4645000262

RE: Certificate of Tax Clearance
Entity Name: HELP Home Service, Inc
Ohio Charter # 00169724
Certificate Issue Date: 06/25/2021

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-855-995-4422
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

Form 533A 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

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

CHECK ONLY ONE (1) BOX

(1) Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2) Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "ltd".)

Optional: Effective Date (MM/DD/YYYY) (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for Period of Existence

Optional: Purpose

**** Note for Nonprofit LLCs**
 The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. **

Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

HELP Home Services, LLC

(Name of Limited Liability Company)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

FBT Ohio, Inc.

(Name of Statutory Agent)

3300 Great American Tower, 501 East Fourth Street

(Mailing Address)

Cincinnati

(Mailing City)

OH

(Mailing State)

45202

(Mailing ZIP Code)

Acceptance of Appointment

The Undersigned, FBT Ohio, Inc., named herein as the
(Name of Statutory Agent)

Statutory agent for HELP Home Services, LLC
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature /s/ Gwendolyn C. Sutton, Assistant Secretary
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

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

Articles and original appointment of agent must be signed by a member, manager or other representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

FBT LLC

Signature

/s/ Scott Dolson

By (if applicable)

Scott Dolson, Manager

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

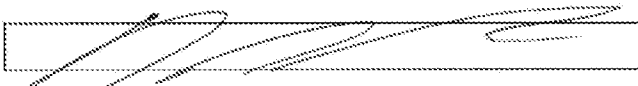
HELP Home Services, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p>Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p>Date Notified (MM/DD/YYYY) 07/07/2021</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p>Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p>Date Notified (MM/DD/YYYY) 07/07/2021</p> <p>Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413</p> <p>Regular Address: P.O. Box 182413 Columbus, OH 43218-2413</p>
<p>Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p>Date Notified (MM/DD/YYYY) 06/24/2021</p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>


Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title

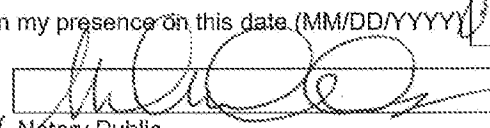
Name

Mailing Address

City State ZIP Code

Seal 

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)


Notary Public

Date Commission Expires (MM/DD/YYYY)

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer

of
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

County

County

County

Signature

Title

Sworn to and subscribed in my presence on this date (MM/DD/YYYY)

Seal



MELISSA A DAVIS
NOTARY PUBLIC
STATE OF OHIO
Comm. Expires
04-07-2024

Notary Public

Date Commission Expires (MM/DD/YYYY)