

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM810711

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Eugene Perma France		06/02/2016	Corporation: FRANCE
RECEIVING PARTY DATA			
Name:	Eugene Perma France		
Street Address:	1-7 Rue du 19 Mars 1962		
City:	Gennevilliers		
State/Country:	FRANCE		
Postal Code:	92230		
Entity Type:	Société Par Actions Simplifiée (Sas): FRANCE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1772157	SOLARIS	
CORRESPONDENCE DATA			
Fax Number:			
<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:	12127083460		
Email:	slebson@ladas.com		
Correspondent Name:	Scott Lebson		
Address Line 1:	1040 Avenue of the Americas		
Address Line 4:	New York, NEW YORK 10018		
DOMESTIC REPRESENTATIVE			
Name:	Scott Lebson		
Address Line 1:	1040 Avenue of the Americas		
Address Line 4:	New York, NEW YORK 10018		
NAME OF SUBMITTER:	Scott Lebson		
SIGNATURE:	/sjl/		
DATE SIGNED:	05/16/2023		
Total Attachments: 1			
source=Eugene Perma France#page1.tif			

CH \$40.00 1772157

FORMED FOR THE OFFICE OF THE REGISTRAR
Incorporation No. 09357 8083 284
Approved in
1998/05/28

DECLARATION OF MODIFICATION

LEGAL ENTITY

M2 **cerfa**
No. 11682/02

Name, legal form, capital suspension) Taking on business of a company founded without any business Complete stoppage of business without disappearance of the body corporate (temporary suspension)

Transfer of head office Declaration relating to an establishment: (opening, modification, transfer, offering for management, leasing, closure) *[signed illegible]*

Resuming business Dissolution: with continuation of business without continuation of business GIE-GEIE Other

FILL IN IN ANY CASE ALL OF THE BOXES Nos. 1, 2, 3, 4, 5, 6, 7, 8 AND THE NEW OR AMENDED MENTIONS BY INDICATING THE DATE OF THE EVENT.

REMINDEUR OF THE IDENTIFICATION PRIOR TO MODIFICATION

Name / Sign EUGENE PERMA FRANCE
Form of incorporation Société Anonyme or S.A. (a form of joint stock company)

Head office or 1st Establishment in France for foreign companies: building, no., street
Post Office: _____ District: _____

3 ONLY FOR THE COMPANY WITH SOLE PARTNER. Is the sole partner personally responsible for the company yes no

4 NAME _____ **Sign** _____

Legal Form Société par actions Simplifiée or S.A.S. (a simplified form of joint stock company)

5 Company reduced to a sole partner
Duration of the body corporate 99
Closure date of business year December 31

6 Capital: amount, monetary unit 2,715,000 EUROS
if variable capital: minimum amount _____
 Continuation of the company although the net assets are smaller than half of the company capital
 Reconstitution of the owner's equity

7 MERGER SCSSION. This operation results in a capital increase. Indicate the body corporate having participated in the operation on interpolate sheet M'.

8 _____ **TEMPORARY SUSPENSION BY DISCONTINUANCE OF BUSINESS**

9 _____ **DISSOLUTION**
Indicate the liquidator in box 15 except for a total transmission of property
In the event of a closure of establishment, fill in box 11
Name of the journal of legal notices _____ Publishing date _____
Liquidation address: head office address of the liquidator other _____
 Total transmission of property

10 **BREACH BY ANTICIPATION OF THE SUPPORT AGREEMENT**
DECLARATION RELATIVE TO AN ESTABLISHMENT AND TO THE BUSINESS
This application concerns AN OPENING A CLOSURE A MODIFICATION A TRANSFER AN OFFERING FOR MANAGEMENT LEASING MANAGEMENT-MANDATE

11 **TRANSFERRED OR CLOSED ESTABLISHMENT**
IN CASE OF A TRANSFER: Purpose Sold Closed Other
if business is maintained, therefore, the establishment is a: Head office Main establishment Secondary establishment

12 **MODIFIED OR FOUNDED ESTABLISHMENT**
IN CASE OF A CLOSURE: Purpose Deleted Sold Other
if termination of employment of any employee: date _____

Date _____ **Post Office** _____ **District** _____

13 **THE ESTABLISHMENT BECOMES:** Head office Head office-Main establishment Main establishment Secondary establishment (check the box only if change of nature of establishment)

Domiciliation contract. Name of paying agent _____
Sole Identification No. _____

Address: building, no., street _____
Post Office _____ District _____