# OP \$65.00.00 7700868

#### TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Assignment ID: TMI91626 Stylesheet Version v1.2

SUBMISSION TYPE:NEW ASSIGNMENTNATURE OF CONVEYANCE:CHANGE OF NAMESEQUENCE:2

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
DIVERSIFIED INSPECTIONS/INDEPENDENT TESTING LABORATORIES, INC.		09/29/2023	Corporation: ARIZONA

#### **RECEIVING PARTY DATA**

Company Name:	IIA Lifting Services, Inc.
Street Address:	3550 Lenox Road NE, Suite 1050
City:	Atlanta
State/Country:	GEORGIA
Postal Code:	930326
Entity Type:	Corporation: ARIZONA

#### **PROPERTY NUMBERS Total: 2**

Property Type	Number	Word Mark
Registration Number:	3333350	FAIL SAFE FIRE HOSE TESTING
Registration Number:	3322303	FAIL SAFE FIRE HOSE TESTING

#### **CORRESPONDENCE DATA**

**Fax Number:** 8052301355

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:** 8052301350

Email: nabeloe@socalip.com

Correspondent Name: Nicole Abeloe

Address Line 1:310 N. Westlake Blvd., Suite 120Address Line 4:Westlake Village, CALIFORNIA 91362

ATTORNEY DOCKET NUMBER:	I267.G24307
NAME OF SUBMITTER:	Nicole Abeloe
SIGNATURE:	Nicole Abeloe
DATE SIGNED:	03/13/2024

**Total Attachments: 3** 

TRADEMARK REEL: 008375 FRAME: 0372

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TRADEMARK REEL: 008375 FRAME: 0373

Control Number: 09042169

#### STATE OF GEORGIA

#### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### AMENDED CERTIFICATE OF AUTHORITY

NAME CHANGE

I, Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

DIVERSIFIED INSPECTIONS/INDEPENDENT TESTING LABORATORIES, INC. a Foreign Profit Corporation

formed under the laws of the State of Arizona and authorized to transact business in Georgia on 05/29/2009, has amended its application to transact business in this state by the filing of an amendment changing its name to

IIA Lifting Services, Inc. a Foreign Profit Corporation

and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 09/29/2023.



Brad Raffonsperger

**Brad Raffensperger Secretary of State** 

TRADEMARK REEL: 008375 FRAME: 0374



Secretary of State

## OFFICE OF SECRETARY OF STATE CORPORATIONS DIVISION

2 Martin Luther King Jr. Dr. SE Suite 313 West Tower Atlanta. GA 30334 (404) 656-2817 sos.georgia.gov/corporations

2023 SEP 27 PM 3: 30

# APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY OF A FOREIGN ENTITY

CORPORATIONS DIVISION

An amended certificate of authority is obtained by filing an application entity changes its name or its jurisdiction of organization. If any other has changed, please use this form, attaching additional pages if necessary this form with a change of the page.	information required in the original application essary, to inform the Secretary of State of said
changes. Complete (where applicable) and return this form with a che State* in the amount of \$30.00 (\$20.00 filing fee plus \$10 paper filing	service charge).
Entity Name: Diversified Inspections/Independent Testi	
2. Entity Control Number: 09042169	
3. Entity Type (check one only):	
<ul> <li>Corporation (choose one type)</li> <li>Profit</li> <li>Not</li> <li>(Corporation must provide certificate of existence from hor</li> <li>Limited Liability Company (LLC)</li> </ul>	nprofit Professional Benefit me state with new name, if applicable.)
Limited Partnership/Limited Liability Limited Partner	ship (LP/LLLP)
Limited Liability Partnership (LLP)	
4. State/Country of Home Jurisdiction: Arizona	
5. Date of Authorization in Georgia: 05/29/2009	
6. New Entity Type (if applicable):	
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership	
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner	home state with new name, if applicable )
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.	home state with new name, if applicable )
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.  8. New Home Jurisdiction (if applicable):  Delayed 6	home state with new name, if applicable )  rship  effective date and/or time:
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.  8. New Home Jurisdiction (if applicable):  9. Effective Date: (Choose one) V Upon filing Delayed of (A delayed of	rship  effective date and/or time:  lective date must be within 90 days of the filing date )
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.  8. New Home Jurisdiction (if applicable):  9. Effective Date: (Choose one) V Upon filing Delayed of (A delayed of the dela	rship  effective date and/or time: lective date must be within 90 days of the fling date 1  8/23/2023
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.  8. New Home Jurisdiction (if applicable):  9. Effective Date: (Choose one) V Upon filing Delayed of (A delayed of the dela	rship  effective date and/or time:  lective date must be within 90 days of the filing date )
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Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.  8. New Home Jurisdiction (if applicable):  9. Effective Date: (Choose one) V Upon filing Delayed of the partner of the par	rship  effective date and/or time: lective date must be within 90 days of the fling date 1  8/23/2023
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.  8. New Home Jurisdiction (if applicable):  9. Effective Date: (Choose one) Upon filing Delayed of (A delayed of I) Signature Print Name*: Kevin Fazzari Email Address: sales@industrial-ia.com Signer's Capacity (check one only):	rship  effective date and/or time: lective date must be within 90 days of the filing date 1  8/23/2023  Date
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.  8. New Home Jurisdiction (if applicable):  9. Effective Date: (Choose one) V Upon filing Delayed of (A delayed of the type)  Signature Print Name*: Kevin Fazzari Email Address: sales@industrial-ia.com Signer's Capacity (check one only): Corporation: V Officer Chairperson of Board of Directors	rship  effective date and/or time: lective date must be within 90 days of the filing date 1  8/23/2023
Corporation (choose one type) Profit No (Corporation must provide certificate of existence from Limited Liability Company Limited Partnership/Limited Liability Limited Partner Limited Liability Partnership  7. New Name of Entity (if applicable): IIA Lifting Services, Inc.  8. New Home Jurisdiction (if applicable):  9. Effective Date: (Choose one) V Upon filing Delayed of (A delayed of I) Signature Print Name*: Kevin Fazzari Email Address: sales@industrial-ia.com Signer's Capacity (check one only): Corporation: V Officer Chairperson of Board of Directors Director Court-Appointed Fiduciary	rship  effective date and/or time: lective date must be within 90 days of the fling date }  8/23/2023  Date  Attorney-in-fact Attorney Incorporator Authorized Person
Corporation (choose one type) Profit No	rship  effective date and/or time: lective date must be within 90 days of the fling date }  8/23/2023  Date  Attorney-in-fact Attorney Incorporator Authorized Person

\* Enter individual's legal name, i.e. first and last name without use of initials or nicknames. Middle names or initials may be included.

**FORM CD 518** 





# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

#### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

#### HA LIFTING SERVICES, INC.

ACC file number: 02330902

was incorporated under the laws of the State of Arizona on 06/04/1991;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual fitting fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. Thave hereinto set my hand, affixed the ortical seal of the Arizona. Corporation Commission, and issued this Certificate on this data. 68/16/2023.

Douglas R. Clark, Executive Director

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TRADEMARK REEL: 008375 FRAME: 0376

**RECORDED: 03/13/2024**