

## PATENT ASSIGNMENT COVER SHEET

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<b>SUBMISSION TYPE:</b>	RESUBMISSION
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>RESUBMIT DOCUMENT ID:</b>	507969451

**CONVEYING PARTY DATA**

Name	Execution Date
GARLOCK PIPELINE TECHNOLOGIES, INC.	02/01/2023

**RECEIVING PARTY DATA**

<b>Name:</b>	GPT INDUSTRIES, LLC
<b>Street Address:</b>	4990 IRIS STREET
<b>City:</b>	WHEAT RIDGE
<b>State/Country:</b>	COLORADO
<b>Postal Code:</b>	80033

**PROPERTY NUMBERS Total: 11**

Property Type	Number
Patent Number:	7976074
Patent Number:	8678398
Patent Number:	10001235
Patent Number:	10920914
Patent Number:	11619331
Patent Number:	11015710
Patent Number:	11543030
Patent Number:	D886253
Patent Number:	D917025
Application Number:	18189718
Application Number:	18091644

**CORRESPONDENCE DATA**

Fax Number: (206)359-7198

*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: 3032912300

Email: patentprocurement@perkinscoie.com, sserrano@perkinscoie.com

Correspondent Name: PERKINS COIE LLP

Address Line 1: P. O. BOX 1247

Address Line 4: SEATTLE, WASHINGTON 98111-1247

PATENT

<b>ATTORNEY DOCKET NUMBER:</b>	089131.VARIOUS
<b>NAME OF SUBMITTER:</b>	JULIE WILLIE
<b>SIGNATURE:</b>	/JulieWillie/
<b>DATE SIGNED:</b>	08/15/2023
<b>Total Attachments: 5</b> source=GPT Industries, LLC for Colorado#page1.tif source=GPT Industries, LLC for Colorado#page2.tif source=GPT Industries, LLC for Colorado#page3.tif source=GPT Industries, LLC for Colorado#page4.tif source=GPT Industries, LLC for Colorado#page5.tif	



Colorado Secretary of State  
 Date and Time: 01/18/2023 01:30 PM  
 ID Number: 19911066125  
 Document number: 20231061101  
 Amount Paid: \$100.00

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**Statement of Conversion**

filed pursuant to § 7-90-201.7 (3) of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID number	<u>19911066125</u> <i>(Colorado Secretary of State ID number)</i>
Entity name or true name	<u>Garlock Pipeline Technologies, Inc.</u>
Form of entity	<u>Corporation</u>
Jurisdiction	<u>Colorado</u>
Street address	<u>4990 Iris St</u> <i>(Street number and name)</i>
	<u>Wheat Ridge</u> <u>CO</u> <u>80033-2244</u> <i>(City) (State) (ZIP/Postal Code)</i>
	<u>United States</u> <i>(Province – if applicable) (Country)</i>
Mailing address (leave blank if same as street address)	<u>  </u> <i>(Street number and name or Post Office Box information)</i>
	<u>  </u> <i>(City) (State) (ZIP/Postal Code)</i>
	<u>  </u> <i>(Province – if applicable) (Country)</i>

2. The entity name of the resulting entity is GPT Industries, LLC.  
*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*
3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.
4. *(If applicable, adopt the following statement by marking the box and include an attachment.)*  
 This document contains additional information as provided by law.
5. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*  
*(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*  
 The delayed effective date and, if applicable, time of this document are 02/01/2023.  
*(mm/dd/yyyy hour:minute am/pm)*

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<u>Meinking</u>	<u>Andrew</u>	<u>C</u>	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>420 S. Orange Avenue</u>			
<small>(Street number and name or Post Office Box information)</small>			
<u>Suite 1200</u>			
<u>Orlando</u>	<u>FL</u>	<u>32801</u>	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
<u>United States</u>			
<small>(Province – if applicable)</small>	<small>(Country)</small>		

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**Articles of Organization**

filed pursuant to § 7-90-301 and § 7-80-204 of the Colorado Revised Statutes (C.R.S.)

1. The domestic entity name of the limited liability company is

GPT Industries, LLC

*(The name of a limited liability company must contain the term or abbreviation "limited liability company", "ltd. liability company", "limited liability co.", "ltd. liability co.", "limited", "l.l.c.", "llc", or "ltd.". See §7-90-601, C.R.S.)*

*(Caution: The use of certain terms or abbreviations are restricted by law. Read instructions for more information.)*

2. The principal office address of the limited liability company's initial principal office is

Street address

4990 Iris St

*(Street number and name)*

Wheat Ridge

*(City)*

CO

*(State)*

80033-2244

*(ZIP/Postal Code)*

United States

*(Country)*

*(Province – if applicable)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*

*(City)*

*(State)*

*(ZIP/Postal Code)*

*(Province – if applicable)*

*(Country)*

3. The registered agent name and registered agent address of the limited liability company's initial registered agent are

Name

(if an individual)

*(Last)*

*(First)*

*(Middle)*

*(Suffix)*

or

(if an entity)

Corporation Service Company

*(Caution: Do not provide both an individual and an entity name.)*

Street address

1900 W. Littleton Boulevard

*(Street number and name)*

Littleton

*(City)*

CO

*(State)*

80120

*(ZIP Code)*

Mailing address

(leave blank if same as street address)

*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
(City) CO \_\_\_\_\_  
(State) (ZIP Code)

(The following statement is adopted by marking the box.)

The person appointed as registered agent has consented to being so appointed.

4. The true name and mailing address of the person forming the limited liability company are

Name  
(if an individual) Meinking Andrew C  
(Last) (First) (Middle) (Suffix)

or

(if an entity) \_\_\_\_\_  
(Caution: Do not provide both an individual and an entity name.)

Mailing address 420 S. Orange Avenue  
(Street number and name or Post Office Box information)  
Suite 1200  
Orlando FL 32801  
(City) (State) (ZIP/Postal Code)  
United States  
(Province – if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

The limited liability company has one or more additional persons forming the limited liability company and the name and mailing address of each such person are stated in an attachment.

5. The management of the limited liability company is vested in

(Mark the applicable box.)

one or more managers.

or

the members.

6. (The following statement is adopted by marking the box.)

There is at least one member of the limited liability company.

7. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are 02/01/2023  
(mm/dd/yyyy hour:minute am/pm)

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9. The true name and mailing address of the individual causing the document to be delivered for filing are

Meinking	Andrew	C	
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
420 S. Orange Avenue			
<small>(Street number and name or Post Office Box information)</small>			
Suite 1200			
<hr/>			
Orlando	FL	32801	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
United States			
<small>(Province – if applicable)</small>	<small>(Country)</small>		

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

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