

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v.1.1
Stylesheet Version v.1.2

ETAS ID: TM427517

SUBMISSION TYPE:		NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		ENTITY CONVERSION	
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Home Franchise Concepts, Inc.		11/23/2015	Corporation: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Home Franchise Concepts, LLC		
Street Address:	1927 North Glassell Street		
City:	Orange		
State/Country:	CALIFORNIA		
Postal Code:	92865		
Entity Type:	Limited Liability Company: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3370616	HOME FRANCHISE CONCEPTS	
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:	(714) 279-2427		
Email:	jennie.amante@gohfc.com		
Correspondent Name:	Jennie L. Amante		
Address Line 1:	1927 North Glassell Street		
Address Line 4:	Orange, CALIFORNIA 92865		
NAME OF SUBMITTER:	Jennie L. Amante		
SIGNATURE:	/Jennie L. Amante/		
DATE SIGNED:	05/15/2017		
Total Attachments: 1			
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OP: \$40.00 3370616



**State of California
Secretary of State**

LLC-1A File # _____

**Limited Liability Company
Articles of Organization - Conversion**

IMPORTANT — Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (The name must include the words Limited Liability Company or the abbreviations LLC or L.L.C. The words Limited and Company may be abbreviated to Ltd. and Co., respectively.)

Home Franchise Concepts, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

One Manager

More Than One Manager

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company's Designated Office in CA City State Zip Code
1927 North Glassell Street Orange CA 92865

5. Initial Mailing Address of Limited Liability Company, if different from Item 4 City State Zip Code

6. Name of Initial Agent For Service of Process (Item 6: List a California resident or a California registered corporate agent that agrees to be your initial agent for service of process in case the LLC is sued. You may list any adult who lives in California. You may not list an LLC as the agent. Item 7: If the agent is an individual, list the agent's business or residential street address in California. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

Todd Alan Jackson

7. If an individual, Street Address of Agent for Service of Process in CA City State Zip Code
1927 North Glassell Street Orange CA 92865

Converting Entity Information

8. Name of Converting Entity
Home Franchise Concepts, Inc.

9. Form of Entity
Corporation

10. Jurisdiction
California

11. CA Secretary of State File Number, if any
2851101

12. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, the following was required for each class:

The class and number of outstanding interests entitled to vote.

AND

The percentage vote required of each class.

Common Stock - 1,000 Shares

Majority

Additional Information

13. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

14. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

[Signature]

Signature of Authorized Person

President

Type or Print Name and Title of Authorized Person

[Signature]

Signature of Authorized Person

Secretary

Type or Print Name and Title of Authorized Person