TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM515736

| SUBMISSION TYPE: | NEW ASSIGNMENT |
|-----------------------|----------------|
| NATURE OF CONVEYANCE: | MERGER |
| EFFECTIVE DATE: | 01/01/2014 |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|---------------------|----------|----------------|-----------------------|
| Lens Dynamics, Inc. | | 12/30/2013 | Corporation: COLORADO |

RECEIVING PARTY DATA

| Name: | Diversified Ophthalmics, Inc. |
|-----------------|-------------------------------|
| Street Address: | 250 McCullough Street |
| City: | Cincinnati |
| State/Country: | OHIO |
| Postal Code: | 45226 |
| Entity Type: | Corporation: OHIO |

PROPERTY NUMBERS Total: 1

| Property Type | Number | Word Mark |
|----------------------|---------|-------------------|
| Registration Number: | 2662337 | DYNA INTRA-LIMBAL |

CORRESPONDENCE DATA

Fax Number:

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: 5616535000

ip@akerman.com, peter.chiabotti@akerman.com Email:

Correspondent Name: Peter A. Chiabotti Address Line 1: 777 South Flagler Drive Address Line 2: Suite 1100 West Tower

Address Line 4: West Palm Beach, FLORIDA 33401

| ATTORNEY DOCKET NUMBER: | 0331708 |
|-------------------------|----------------------|
| NAME OF SUBMITTER: | Peter A. Chiabotti |
| SIGNATURE: | /Peter A. Chiabotti/ |
| DATE SIGNED: | 03/25/2019 |

Total Attachments: 5

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source=20131748839#page4.tif source=20131748839#page5.tif

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20131748839 \$150.00 SECRETARY OF STATE 12/30/2013 13:59:00

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Statement of Merger (Surviving Entity is a Foreign Entity)

filed pursuant to § 7-90-203.7 and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For each merging 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

19911035122

(Caution: At least one merging entity must be an entity formed under the laws of Colorado.)

| ID Number | 19911035122 | | | |
|---|---|-------------------------------|-------|-------------------|
| | (Colorado Secretary of State ID number) | | | |
| Entity name or true name, | LENS DYNAMICS, INC. | _ | | |
| Form of entity | Corporation | | | |
| Jurisdiction | Colorado | | | |
| Street address | 410 S. reed Street | | | |
| | (Street numb | er and name, |) | |
| | Lakewood | CO | 802 | 226 |
| | (City) | (State) United St | tates | (ZIP/Postal Code) |
| | (Province – if applicable) | (Countr | (ע | _ |
| Mailing address | 250 McCullough Street | | | |
| (leave blank if same as street address) | (Street number and name or Post Office Box information) | | | |
| | Cincinnati | OH | 452 | 26 |
| | (City) | - <i>(State)</i> United St | tates | (ZIP/Postal Code) |
| | (Province - if applicable) | (Countr | ע | ' |
| | | | | : |
| ID Number | | | | |
| | (Colorado Secretary of State ID number) | | | |
| Entity name or true name | · · · · · · · · · · · · · · · · · · · | _ | | · |
| Form of entity | | | | |
| · | | | | |

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| Jurisdiction | | | |
|--|---|---|--------------------|
| Street address | (Street nu | mber and name) | |
| | | | |
| | (City) | (State) | (ZIP/Postal Code) |
| | (Province – if applicable) | (Country) | |
| Mailing address (leave blank if same as street address) | (Street number and name | e or Post Office Box | information) |
| | (City) | (State) | (ZIP/Postal Code) |
| | (Province – if applicable) | (Country) | · |
| ID Number | | | |
| | (Colorado Secretary of State ID numb | er) | |
| Entity name or true name | · | | |
| Form of entity | | | |
| Jurisdiction | | | |
| Street address | (Street nu | imber and name) | |
| | | | |
| | (City) | (State) | (ZIP/Postal Code) |
| | (Province - if applicable) | (Country) | |
| Mailing address (leave blank if same as street address) | (Street number and name | e or Post Office Box | information) |
| | (City) | (State) | (ZIP/Postal Code) |
| | (Province – if applicable) | (Country) | · |
| (If the following statement applies, adopt the There are more than three mergin name, form of entity, jurisdiction each additional merging entity is | e statement by marking the box and inc ng entities and the ID number n under the law of which it is | clude an attachment.) (if applicable), | entity name or tru |
| the <u>surviving</u> entity which is a foreine, form of entity, jurisdiction under | | | |
| ution: The surviving entity <u>cannot</u> be an e | ntity formed under the laws of Col | orado.) | |
| ID Number | | | |
| ID Nullioci | | | |

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| Entity name or true name | DIVERSIFIED OF | PHTHALMIC | CS, INC. | | | |
|---|-----------------------|-------------------------------|----------------------|----------------|---------------|--------------|
| Form of entity | Corporation | | | | | |
| Jurisdiction | Ohio | | | | | . |
| Street address | 250 McCullough | Street | | | | |
| | | (Street numbe | er and name) |) | | |
| | Cincinnati | | ОН | 4522 | 26 | |
| | (City) | | (State) United St | ates | (ZIP/Postal C | ode) |
| | (Province – if appli | cable) | (Country | v) | _ | |
| Mailing address (leave blank if same as street address) | (Street num | ber and name or | Post Office | Box info | rmation) | |
| | (City) | | (State) | | (ZIP/Postal C | ode) |
| | (Province – if appl | icable) | (Country | (v | <u>.</u> . | |
| 3. Each merging entity has been merged in | nto the surviving for | eign entity. | | | | |
| Document number Document number Document number (If the following statement applies, adopt the stated in an attachment. There are more than three tracestated in an attachment. 5. (Mark the applicable box and complete the stated) The surviving foreign entity maintains | lemarks and the doc | ument numb k only one box. | er of each | | ional trader | nark is |
| OR | | | | | | |
| The surviving foreign entity does may be addressed to the entity and C.R.S. | | | | | | |
| OR | | | | | | |
| The surviving foreign entity has no registered agent to accept service registered agent has consented to be | pursuant to section | 7-90-204.5, (| C.R.S. Th | e pers | on appoint | ed as |
| Name | Vasko | A 1 | | | | |
| (if an individual) | Vaske (Last) | AI | First) | _ J | (Middle) | (Suffix) |
| | | | | | | |
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| ı | | , | ı | к | ī. |

(if an entity)

| Street address | 410 S. Reed Street | d | | |
|---|--|--|--|---|
| | (Street number | ana name) | | |
| | Lakewood | со | 80226 | |
| | (City) | (State) | (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) | |
| (If applicable, adopt the following statement by mo | | - | | |
| (Caution: Leave blank if the document does legal consequences. Read instructions before | | e. Stating a delaye | d effective date has s | ignifica |
| (If the following statement applies, adopt the stater | | | required format.) | |
| The delayed effective date and, if appli | cable, time of this docume | in aic | dd/yyyy hour:minute an | n/pm) |
| . At | | | | |
| | the Secretary of State for fi | iling shall consti | tute the affirmatio | n or |
| ausing this document to be delivered to knowledgment of each individual causingth individual's act and deed, or that such the person on whose behalf such individuality on formity with the requirements of part focuments and the organic statutes, and the organic statutes, and the organic statutes. This perjury notice applies to each individuality whether or not such individual is id | ng such delivery, under per h individual in good faith to dual is causing such docunts of article 90 of title 7, C. and such individual in good inplies with the requirement lual who causes this document a | nalties of perjury believes such doc nent to be deliver R.S. and, if appli faith believes th ts of that Part, the nent to be deliver s one who has ca | y, that such document is the act a red for filing, take icable, the constitute facts stated in such account the constituent document to the Secretar aused it to be delivered to the secretary. | ent is nd deen in |
| ausing this document to be delivered to eknowledgment of each individual causinch individual's act and deed, or that such the person on whose behalf such individuality on formity with the requirements of part in comments and the organic statutes, and the organic statutes, and the organic statutes. The perjury notice applies to each individual is identificate, whether or not such individual is identificated. | ng such delivery, under per h individual in good faith to dual is causing such docum of article 90 of title 7, C. hat such individual in good inplies with the requirement alual who causes this document at the individual causing this | nalties of perjury pelieves such document to be delivered. S. S. and, if applifaith believes that sof that Part, the nent to be delivered some who has care document to be decument to be decome to be d | y, that such document is the act a red for filing, take icable, the constitute facts stated in such account the constituent document to the Secretar aused it to be delivered to the secretary. | ent is nd deen in |
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This document contains the true name and mailing address of one or more additional individuals

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

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