

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM424017

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Can't Live Without It, Inc.		01/25/2017	Corporation:

RECEIVING PARTY DATA

Name:	can't live without it, llc
Doing Business As:	S'well Bottle
Street Address:	28 west 23rd street, floor 5
City:	new york
State/Country:	NEW YORK
Postal Code:	10010
Entity Type:	Limited Liability Company: DELAWARE

PROPERTY NUMBERS Total: 10

Property Type	Number	Word Mark
Registration Number:	5120254	PSYENCE
Registration Number:	4988754	
Registration Number:	4366242	
Registration Number:	5118514	
Registration Number:	5028391	SIP
Registration Number:	5028390	S'IP BY S'WELL
Registration Number:	5028392	SIP BY S'WELL
Registration Number:	4559187	SWELL
Registration Number:	4559184	S'WELL
Registration Number:	4234092	S'WELL

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: 6467556083
 Email: mkavalerchik@swellbottle.com
 Correspondent Name: miriam kavalerchik
 Address Line 1: 28 west 23rd street, floor 5
 Address Line 4: new york, NEW YORK 10010

TRADEMARK

NAME OF SUBMITTER:	Miriam Kavalerchik
SIGNATURE:	/Miriam Kavalerchik/
DATE SIGNED:	04/18/2017
Total Attachments: 3 source=Can't Live Without It, LLC DE Sec of State Filing#page1.tif source=Can't Live Without It, LLC DE Sec of State Filing#page2.tif source=Can't Live Without It, LLC DE Sec of State Filing#page3.tif	

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A FLORIDA CORPORATION UNDER THE NAME OF "CAN'T LIVE WITHOUT IT, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "CAN'T LIVE WITHOUT IT, INC." TO "CAN'T LIVE WITHOUT IT, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2017, AT 2:37 O`CLOCK P.M.



6295483 8100F
SR# 20170439641

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 201931160
Date: 01-25-17

TRADEMARK
REEL: 006036 FRAME: 0286

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Florida.
- 2.) The jurisdiction immediately prior to filing this Certificate is Florida.
- 3.) The date the corporation first formed is June 4, 2009.
- 4.) The name of the Corporation immediately prior to filing this Certificate is
Can't Live Without It, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of
Formation is Can't Live Without It, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the
25 day of January, A.D. 2017.

By: Sarah M. Kauss
Authorized Person

Name: Sarah M. Kauss
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:37 PM 01/25/2017
FILED 02:37 PM 01/25/2017
SR 20170439641 - File Number 6295483

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

• **First:** The name of the limited liability company is _____
Can't Live Without It, LLC

• **Second:** The address of its registered office in the State of Delaware is
1209 Orange Street _____ in the City of Wilmington
Zip Code 19801 _____.

The name of its Registered agent at such address is _____
The Corporation Trust Company

• **Third:** (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
25 _____ day of January _____, 2017 _____.

By: Sarah M. Kauss
Authorized Person(s)

Name: Sarah M. Kauss
Typed or Printed