

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM559092

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Worldways, Inc.		03/01/2018	Corporation: COLORADO
RECEIVING PARTY DATA			
Name:	Worldways, Inc.		
Street Address:	45 Third Street		
City:	Newport		
State/Country:	RHODE ISLAND		
Postal Code:	02840		
Entity Type:	Benefit Corporation: RHODE ISLAND		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	3752646	HEALTHY PEOPLE, HEALTHY PLACES	
Registration Number:	3450425	IMAGINE CREATE CONNECT	
Registration Number:	3351168	WORLDWAYS SOCIAL MARKETING	
Registration Number:	2522336	WORLDWAYS	
CORRESPONDENCE DATA			
Fax Number:	3038630223		
<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:	3038632972		
Email:	sstavish@sheridanross.com		
Correspondent Name:	Sabrina C Stavish		
Address Line 1:	1560 Broadway, Suite 1200		
Address Line 4:	Denver, COLORADO 80202		
ATTORNEY DOCKET NUMBER:	3801-14		
NAME OF SUBMITTER:	Sabrina Stavish		
SIGNATURE:	/Sabrina Stavish/		
DATE SIGNED:	01/27/2020		
Total Attachments: 3			
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Colorado Secretary of State
 Date and Time: 03/01/2018 03:42 PM
 ID Number: 19961161849
 Document number: 20181187295
 Amount Paid: \$50.00

Document must be filed electronically.
 Paper documents are not accepted.
 Fees & forms are subject to change.
 For more information or to print copies
 of filed documents, visit www.sos.state.co.us.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Conversion Converting a Domestic Entity into a Foreign Entity
 filed pursuant to § 7-90-201.7 (1) and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For the converting entity, its ID number, entity name, form of entity, jurisdiction under the law of which it is formed, and principal office address are

ID number	<u>19961161849</u> <small>(Colorado Secretary of State ID number)</small>
Entity name	<u>WORLDWAYS, INC.</u>
Form of entity	<u>Corporation</u>
Jurisdiction	<u>Colorado</u>
Principal office street address	<u>240 Thames Street</u> <small>(Street number and name)</small>
	<u>Suite 200</u>
	<u>Newport</u> <u>RI</u> <u>02840</u> <small>(City) (State) (ZIP/Postal Code)</small>
	<u>United States</u> <small>(Province – if applicable) (Country)</small>
Principal office mailing address <small>(leave blank if same as street address)</small>	<u>240 Thames Street</u> <small>(Street number and name or Post Office Box information)</small>
	<u>Suite 200</u>
	<u>Newport</u> <u>RI</u> <u>02840</u> <small>(City) (State) (ZIP/Postal Code)</small>
	<u>United States</u> <small>(Province – if applicable) (Country)</small>

2. For the resulting entity, its true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

True name	<u>WORLDWAYS, Inc.</u>
Form of entity	<u>Benefit Corporation</u>
Jurisdiction	<u>Rhode Island</u>
Street address	<u>240 Thames Street</u> <small>(Street number and name)</small>
	<u>Suite 200</u>
	<u>Newport</u> <u>RI</u> <u>02840</u> <small>(City) (State) (ZIP/Postal Code)</small>
	<u>United States</u> <small>(Province – if applicable) (Country)</small>

Mailing address (leave blank if same as street address) 240 Thames Street
(Street number and name or Post Office Box information)
Suite 200
Newport RI 02840
(City) (State) (ZIP/Postal Code)
(Province – if applicable) (Country)

3. The converting entity has been converted into the resulting entity pursuant to section 7-90-201.7, C.R.S.

4. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

The resulting foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

or

The resulting foreign entity maintains a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name (if an individual) _____
(Last) (First) (Middle) (Suffix)

or

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

Street address _____
(Street number and name)

(City) (State) (ZIP Code)

Mailing address (leave blank, if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP Code)

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

This document contains additional information as provided by law.

6. (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 _____
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent

documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

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

<u>Cronin</u>	<u>Maureen</u>		
(Last)	(First)	(Middle)	(Suffix)
<u>c/o WORLDWAYS, Inc.</u>			
(Street number and name or Post Office Box information)			
<u>240 Thames Street, Suite 200</u>			
<u>Newport</u>	<u>RI</u>	<u>02840</u>	
(City)	(State)	(ZIP/Postal Code)	
<u></u>		<u></u>	
(Province – if applicable)		(Country)	

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

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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