

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM741162

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>RESUBMIT DOCUMENT ID:</b>	900687385		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Brandshopper, L.P.		02/11/2021	Limited Partnership: PENNSYLVANIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Brandshopper, LLC		
<b>Street Address:</b>	6771 Chrisphalt Drive		
<b>City:</b>	Bath		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	18014		
<b>Entity Type:</b>	Limited Liability Company: PENNSYLVANIA		
<b>PROPERTY NUMBERS Total: 7</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4251519	STEAMPUNK	
<b>Registration Number:</b>	4331697	PIG IRON	
<b>Registration Number:</b>	4422629	BLACKWATCH	
<b>Registration Number:</b>	5208800	WET WORK	
<b>Registration Number:</b>	6089485	CLASS 34	
<b>Registration Number:</b>	4136442	BUENA VISTA TOBACCO FACTORY BTF	
<b>Registration Number:</b>	4061469	BUENA VISTA CIGARS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>			
<b>Email:</b>	dmdefilippis@norris-law.com,bstoll@norris-law.com,tmdept@norris-law.com		
<b>Correspondent Name:</b>	Danielle DeFilippis		
<b>Address Line 1:</b>	7 Times Square, 21st Floor		
<b>Address Line 4:</b>	New York, NEW YORK 10036-6524		
<b>ATTORNEY DOCKET NUMBER:</b>	116827-5		
<b>NAME OF SUBMITTER:</b>	Danielle DeFilippis		

<b>SIGNATURE:</b>	/Danielle DeFilippis/
<b>DATE SIGNED:</b>	07/14/2022
<b>Total Attachments: 6</b> source=6. Statement of Conversion Brandshopper LP Brandshopper LLC#page1.tif source=6. Statement of Conversion Brandshopper LP Brandshopper LLC#page2.tif source=6. Statement of Conversion Brandshopper LP Brandshopper LLC#page3.tif source=6. Statement of Conversion Brandshopper LP Brandshopper LLC#page4.tif source=6. Statement of Conversion Brandshopper LP Brandshopper LLC#page5.tif source=6. Statement of Conversion Brandshopper LP Brandshopper LLC#page6.tif	

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS  
401 NORTH STREET, ROOM 206  
P.O. BOX 8722  
HARRISBURG, PA 17105-8722  
[WWW.CORPORATIONS.PA.GOV](http://WWW.CORPORATIONS.PA.GOV)

Norris McLaughlin & Marcus, P.A.  
515 W HAMILTON STREET STE 502  
Allentown PA 18104

Brandshopper, LLC

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

If you have any questions pertaining to the Bureau, please visit our website at [www.dos.pa.gov/BusinessCharities](http://www.dos.pa.gov/BusinessCharities) Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at [www.corporations.pa.gov/Search/CorpSearch](http://www.corporations.pa.gov/Search/CorpSearch) .

Entity number : 4063656

Feb 1

Entity#: 4063656  
Date Filed: 02/11/2021  
Pennsylvania Department of State

**PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

Return document by mail to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

Return document by email to: cecilia@norris-law.com

**Statement of Conversion**  
DSCB:15-355



TFA210224JF1655

Read all instructions ;

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

**A. For the converting association:**

1. The name of the converting association is: Brandshopper, L.P.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business Corporation      | <input checked="" type="checkbox"/> Limited Partnership          | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation     | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

10/25/2011  
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1988  
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT. OF STATE

FEB 11 2021

DSCB:15-355-2

## 6. Check and complete one of the following addresses for the converting association.

<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p>					
<input checked="" type="checkbox"/>	(a) <u>6771 Chrisphalt Drive</u>	<u>Bath</u>	<u>PA</u>	<u>18014</u>	<u>Northampton</u>
	Number and street	City	State	Zip	County
	(b) c/o: _____				County
	Name of Commercial Registered Office Provider				County
<p>If the converting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p>					
<input type="checkbox"/>	_____	_____	_____	_____	_____
	Number and street	City	State	Zip	County
<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p>					
<input type="checkbox"/>	_____	_____	_____	_____	
	Number and street	City	State	Zip	

## B. For the converted association:

- The name of the converted association is: Brandshopper, LLC
- The jurisdiction of formation of the converted association is: Pennsylvania
- The type of association is (check only one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Corporation                 | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Business Trust           |
| <input type="checkbox"/> Nonprofit Corporation                | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership   | <input type="checkbox"/> Other _____              |

DSCB:15-355-3

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/> If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. <i>Complets part (a) OR (b) - not both:</i>				
<input checked="" type="checkbox"/>	(a) 9771 Chriephall Drive	Bath	PA	16014 Northampton
	Number and street	City	State	Zip County
	(b) c/o: _____ Name of Commercial Registered Office Provider County			
<input type="checkbox"/> If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:				
	Number and street	City	State	Zip County
<input type="checkbox"/> If the converted association is a nonregistered foreign association, <i>complets both (1) and (2).</i>				
	(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:			
	Number and street	City	State	Zip
	(2) The name and address, including street and number, of its registered agent:			
	Name of Registered Agent			
	Number and street	City	State	Zip

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date (MM/DD/YYYY) Hour (if any)

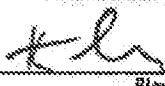
D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity - The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association - The conversion was approved in accordance with the law
- of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 11th day of February, 2021

Brandshopper, L.P.  
Name of Converting Association

  
Signature

CEO, BSHM LLC, its sole GP  
Title



DSCB:15-8821-2

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

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7. For additional provisions of the certificate, if any, attach 8 1/2 x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

11th day of February, 2021

  
 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

TRADEMARK