

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
Name	Formerly	Execution Date	Entity Type
REO Trans, LLC		10/19/2009	LIMITED LIABILITY COMPANY: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
Name:	Equator, LLC		
Street Address:	6060 Center Drive		
Internal Address:	Suite 500		
City:	Los Angeles		
State/Country:	CALIFORNIA		
Postal Code:	90045		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 1</b>			
Property Type	Number	Word Mark	
Serial Number:	77881558	ZERO DEGREES OF SEPARATION	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(310)215-3927		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	3104699401		
Email:	teri.zimon@equator.com		
Correspondent Name:	Teri Zimon		
Address Line 1:	6060 Center Drive		
Address Line 2:	Suite 500		
Address Line 4:	Los Angeles, CALIFORNIA 90045		
NAME OF SUBMITTER:	Teri Zimon		
Signature:	/Teri Zimon/		
Date:	07/29/2010		

OP \$40.00 77881558

**900168117**

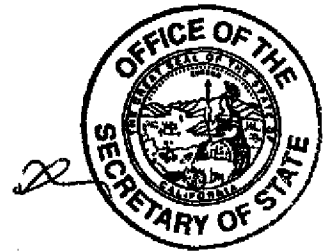
**TRADEMARK**  
**REEL: 004250 FRAME: 0430**

**Total Attachments: 2**

source=Filed LLC-2 Form (Certificate of Amendment) re Name Change (10.19.09)#page1.tif

source=Filed LLC-2 Form (Certificate of Amendment) re Name Change (10.19.09)#page2.tif

**State of California**  
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

OCT 20 2009

A handwritten signature in cursive script that reads "Debra Bowen".

DEBRA BOWEN  
Secretary of State



# State of California Secretary of State

## LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

**IMPORTANT - Read instructions before completing this form.**

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**OCT 19 2009**

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200324010116	2. NAME OF LIMITED LIABILITY COMPANY REOTrans, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.	
<p>A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")</p> <p>Equator, LLC</p>	
<p>B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):</p> <p><input type="checkbox"/> ONE MANAGER</p> <p><input checked="" type="checkbox"/> MORE THAN ONE MANAGER</p> <p><input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)</p>	
<p>C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:</p>	
<p>D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.</p>	
4. FUTURE EFFECTIVE DATE, IF ANY:	
MONTH	DAY YEAR
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.	
<u>Mark A. McKinley</u> SIGNATURE OF AUTHORIZED PERSON	<u>9/29/2009</u> DATE
Mark A. McKinley, Manager. TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	
7. RETURN TO:	
NAME	Mark A. McKinley
FIRM	REOTrans, LLC
ADDRESS	6060 Center Drive, Suite 500
CITY/STATE	Los Angeles, CA
ZIP CODE	90045

