# Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Shube's Inc.		06/04/2010	CORPORATION: OHIO

### **RECEIVING PARTY DATA**

Name:	Dakota West Design, Inc.	
Street Address:	2301 Yale Blvd SE	
Internal Address:	Bldg E	
City:	Alburquerque	
State/Country:	NEW MEXICO	
Postal Code:	87106	
Entity Type:	CORPORATION: OHIO	

#### PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	3306999	DESPERADO
Serial Number:	77876613	ABSOLUTELY CHARMING

## CORRESPONDENCE DATA

Fax Number: (202)533-9099

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 202-467-8856

Email: behogue@vorys.com, iplaw@vorys.com, rsdonnell@vorys.com

Correspondent Name: Vorys, Sater, Seymour and Pease LLP

Address Line 1: 1909 K Street, NW -- 9th Floor Address Line 2: Attn: Richard S. Donnell

Address Line 4: Washington, DISTRICT OF COLUMBIA 20006

ATTORNEY DOCKET NUMBER: 24090-9/0769/DAKOTA

NAME OF SUBMITTER: Richard S. Donnell

TRADEMARK
REEL: 004282 FRAME: 0104

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Signature:	/richard s donnell/
Date:	09/20/2010
Total Attachments: 3 source=dwrwservlet[1]#page1.tif source=dwrwservlet[1]#page2.tif source=dwrwservlet[1]#page3.tif	

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DATE: 06/10/2010 DOCUMENT ID 201016100267

DESCRIPTION DOMESTIC/AMENDMENT TO ARTICLES (AMD)

FILING

EXPED .00 PENALTY .00 CERT

COPY

Receipt

This is not a bill. Please do not remit payment.

COHEN, TODD, KITE & STANFORD, LLC STANTON H. VOLLMAN 250 E. 5TH ST., SUITE 1200 CINCINNATI, OH 45202

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1586987

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

DAKOTA WEST DESIGN, INC.

and, that said business records show the filing and recording of:

Document(s):

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

201016100267



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of June, A.D. 2010.

Ohio Secretary of State

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TRADEMARK
REEL: 004282 FRAME: 0106

0, 2010 mon 00,20 im From: 5132414922

Page: 2/3

Date: 6/7/2010 3:48:27 PM

4. 00L/ 002



Prescribed by:

The Ohio Secretary of State Central Ohio: (614) 466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us Expedite this Form: (selections)

Malacquinoconte at an exploration of the content of the conten

Certificate of Amendment by Shareholders or Members

(Domestic) Filing Fee \$50.00 RECEIVED

JUN -7 2010

CHECK ONLY ONE (1)	BOX)		SECRETARY OF STAT	
Domestic for Profit     Amended     (122-AMAP)	Amendment (125-AMDS)	(2) Domestic Nonprofit Amended (128-AMAN)	Amendment (128-AMD)	
omplets the general infon	mation in this section for the box check	ed above.		
ame of Corporation	Shube's, Inc.			
harter Number	1586987			
ame of Officer	Robert F. Hosweler			
itle	President			
Please check if additional	provisions attached.			
he above named Ohio co	prporation, does hereby certify that:			
A meeting of the	shareholders	directors ( nang	profit only)	
members was duly cal		ate)		
ote was cast which entitle In a writing signed by a	all of the shareholders directions entitled to the notice of a meeting or	% as the voting power of to tors <i>(nonprolit amended arti</i>	he corporation.	
lause applies if amended	box is checked.			
tesolved, that the following take the place of the s	ng amended articles of Incorporations : existing articles of Incorporation and al	bs and the same are here I amendments therefo.	by adopted to supercede	
<del></del>				
641	Page 1	ofZ	Last Revised: May 2002	

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SUR O, 2010 MOR OJ. 25 132 From: 5132414922 Page: 3/3 Date: 6/7/2010 3:48:27 PM

	following informatio ndment box is check			l box is checked.		,
FIRST:	The name of the o	corporation is:	Dakota West I	Design, Inc.		· · · · · · · · · · · · · · · · · · ·
BECON		The place in the State of Ohio where its principal office is located is in the City of:			the City of:	
	Everidade  (diy, village or townsh	io)		Hamilton (coun	ty)	
THIRD:	The purposes of t	••	are as follows:	(444)	47	
FOURTH	i: The number of sh		corporation is auth s not apply to box		stending is:	
REQUIRED  Must be authenticated (signed) by an authorized representative (See Instructions)		Authorized F Robert F. E (Print Name)	Representative		- -	(~ Y - 2 0 18 Date
		Avelinorized F	L Key Tepresentative da Kryser			6 - 4 - 2016 Date
					-	

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