

TRADEMARK ASSIGNMENT

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
Roof Express, LLC		05/11/2011	LIMITED LIABILITY COMPANY: COLORADO
RECEIVING PARTY DATA			
Name:	Bluefin, LLC		
Street Address:	6312 S Fiddlers Green Circle		
Internal Address:	Suite 100E		
City:	Greenwood Village		
State/Country:	COLORADO		
Postal Code:	80111		
Entity Type:	LIMITED LIABILITY COMPANY: COLORADO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	85017723	BLUEFIN	
CORRESPONDENCE DATA			
Fax Number:	(770)951-0933		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	7709339500		
Email:	gina.silverio@tkhr.com, dan.mcclure@tkhr.com		
Correspondent Name:	Daniel R. McClure		
Address Line 1:	600 Galleria Parkway		
Address Line 2:	Suite 1500		
Address Line 4:	Atlanta, GEORGIA 30339		
ATTORNEY DOCKET NUMBER:	251817-3040		
NAME OF SUBMITTER:	Daniel R. McClure		
Signature:	/Daniel R. McClure/		

OP \$40.00 85017723

Date:

05/17/2011

Total Attachments: 2

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Colorado Secretary of State
 Date and Time: 05/11/2011 09:35 AM
 ID Number: 20051238488
 Document number: 20111276342
 Amount Paid: \$25.00

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\$25.00

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Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-80-209 of the Colorado Revised Statutes (C.R.S.)

ID number: 20051238488

1. Entity name: Roof Express, LLC
(If changing the name of the limited liability company, indicate name BEFORE the name change)

2. New Entity name: BLUEFIN, LLC
 (if applicable)

3. Use of Restricted Words *(if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):*

- "bank" or "trust" or any derivative thereof
- "credit union" "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the limited liability company's period of duration as amended is less than perpetual, state the date on which the period of duration expires:

(mm/dd/yyyy)

OR

If the limited liability company's period of duration as amended is perpetual, mark this box:

6. (Optional) Delayed effective date: _____
(mm/dd/yyyy)

Notice:

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7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Engler	Monica	Williamson	
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
6312 S Fiddlers Green Circle			
<i>(Street name and number or Post Office Box information)</i>			
Suite 100E			
Greenwood Village		CO	80111
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
United States			
<i>(Province – if applicable)</i>		<i>(Country – if not US)</i>	

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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