

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
BL Acquisition, LLC		09/01/2006	LIMITED LIABILITY COMPANY: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Bullet Line, LLC		
Street Address:	15959 N.W. 15th Avenue		
City:	Miami		
State/Country:	FLORIDA		
Postal Code:	33169		
Entity Type:	LIMITED LIABILITY COMPANY: PENNSYLVANIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2924888	STAPLETTE	
CORRESPONDENCE DATA			
Fax Number:	(305)858-0008		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	305-858-8000		
Email:	trademarks@malloylaw.com		
Correspondent Name:	Peter A. Matos		
Address Line 1:	2800 S.W. 3rd Avenue		
Address Line 4:	Miami, FLORIDA 33129		
ATTORNEY DOCKET NUMBER:	8.680.11		
NAME OF SUBMITTER:	Peter A. Matos		
Signature:	/Peter A. Matos/		
Date:	08/08/2011		

OP \$40.00 2924888

Total Attachments: 7

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M06000004 741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

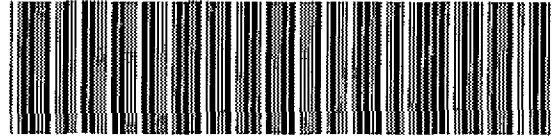
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200079253972

09/11/06--01017--003 **25.00

FILED RECEIVED
06 SEP 11 PM 3:07
06 SEP 11 AM 11:19
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
06 SEP 11 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: KATIE WONSCH
DATE: 09/11/2006
REF. #: 000377.57221
CORP. NAME: BL ACQUISITION, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 518401 FOR \$ 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

FILED
06 SEP 11 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: BL Acquisition, LLC
2. Jurisdiction of its organization: Pennsylvania
3. Date authorized to do business in Florida: August 28, 2006


SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? September 1, 2006
5. New name of the limited liability company: Bullet Line, LLC
6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized
representative of a member

Martin J. Vuono

Typed or printed name of signee

Filing Fee: \$25.00

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

SEPTEMBER 8, 2008

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

BULLET LINE, LLC

**is duly organized as a Pennsylvania Limited Liability Company under the laws of
the Commonwealth of Pennsylvania and remains subsisting so far as the records
of this office show, as of the date herein.**



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Pedro A. Cortis

Secretary of the Commonwealth

Certification Number: 8230092-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

TRADEMARK

REEL: 004599 FRAME: 0983

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
206 NORTH OFFICE BUILDING
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Bullet Line, LLC

THE CORPORATION BUREAU IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE CORPORATION BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE CORPORATION BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 3658224

PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND STREET # 401, PO BOX 1210
Harrisburg, PA 17108-1210

TRADEMARK
REEL: 004599 FRAME: 0984

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Amendment-Domestic
(15 Pa.C.S.)

- Limited Partnership (§ 8512)
 Limited Liability Company (§ 8951)

Name
PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND STREET
PO BOX 1210
HARRISBURG, PA 17108-1210 76768

Document will be returned to the
name and address you enter in
the form.

Fee: \$70

In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:
BL Acquisition, LLC

2. The date of filing of the original Certificate of Limited Partnership/Organization: June 26, 2005

3. Check, and if appropriate complete, one of the following:
 The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:
The name of the limited liability company: Rutland Inn, LLC
 The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. Check, and if appropriate complete, one of the following:
 The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.
 The amendment shall be effective on: _____ at _____
Date Hour

Commonwealth of Pennsylvania
LIMITED LIABILITY AMENDMENT 3 Page(s)



PA Dept of State
2006 SEP -1 PM 4:16

5. Check if the amendment restores the Certificate of Limited Partnership/Organization:

The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

1st day of September, 2008.

BL Acquisition, LLC

Name of Limited Partnership/Limited Liability Company

[Handwritten Signature]

Signature

Secretary

Title