

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT			
NATURE OF CONVEYANCE:	Corrective Assignment to correct the remove incorrect Registration No. 3,179,586 from assignment previously recorded on Reel 004754 Frame 0908. Assignor(s) hereby confirms the Change of Name.			
CONVEYING PARTY DATA				
	Name	Formerly	Execution Date	Entity Type
	CQS, LLC		03/30/2012	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA				
Name:	eNNOVEA Medical, LLC			
Street Address:	3500 Pentagon Blvd			
Internal Address:	Suite 400			
City:	Beavercreek			
State/Country:	OHIO			
Postal Code:	45431			
Entity Type:	LIMITED LIABILITY COMPANY: OHIO			
PROPERTY NUMBERS Total: 1				
	Property Type	Number	Word Mark	
	Registration Number:	3179856	CARDIO QUICKSYS IT'S YOUR LIFE...	
CORRESPONDENCE DATA				
Fax Number:	(513)977-8141			
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	5139778527			
Email:	april.besl@dinsmore.com			
Correspondent Name:	April L Besl			
Address Line 1:	255 E Fifth Street			
Address Line 2:	Suite 1900			
Address Line 4:	Cincinnati, OHIO 45202			
NAME OF SUBMITTER:	April L Besl			

OP \$40.00 3179856

Signature:	/april I besl/
Date:	04/13/2012
Total Attachments: 5 source=Cover Sheet#page1.tif source=Cover Sheet#page2.tif source=Amendment to Articles (Name Change)#page1.tif source=Amendment to Articles (Name Change)#page2.tif source=Amendment to Articles (Name Change)#page3.tif	

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
CQS, LLC		03/30/2012	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	eNNOVEA Medical, LLC		
Street Address:	3500 Pentagon Blvd		
Internal Address:	Suite 400		
City:	Beavercreek		
State/Country:	OHIO		
Postal Code:	45431		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3179586		
Registration Number:	3103978	CARDIO QUICK PATCH	
Registration Number:	3078368	CARDIO QUICK PATCH	
CORRESPONDENCE DATA			
Fax Number:	(513)977-8141		
Phone:	5139778527		
Email:	april.besl@dinsmore.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			

Correspondent Name: April L Besl	
Address Line 1: 255 E Fifth Street	
Address Line 2: Suite 1900	
Address Line 4: Cincinnati, OHIO 45202	
NAME OF SUBMITTER:	April L Besl
Signature:	/april l besl/
Date:	04/11/2012
Total Attachments: 3 source=Amendment to Articles (Name Change)#page1.tif source=Amendment to Articles (Name Change)#page2.tif source=Amendment to Articles (Name Change)#page3.tif	
RECEIPT INFORMATION	
ETAS ID:	TM231930
Receipt Date:	04/11/2012
Fee Amount:	\$90



Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3428)

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 OHIO SECRETARY OF STATE

2012 MAR 30 PM 3:20

www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov CLIENT SERVICE CENTER

Please return the approval certificate to:

Name:
 (Individual or Business Name)

To the attention of:
 (If necessary)

Address:
 City:
 State: ZIP Code:

Phone Number: E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Type of Service Being Requested: (PLEASE CHECK ONE BOX BELOW)

- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.
- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.
- Expedite Service 3:** By including an Expedite fee of \$300.00, in addition to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. This service is only available to walk-in customers who hand deliver the document to the Client Service Center.



Form 543A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Name of limited liability company

Registration Number

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

The name of said limited liability company shall be:

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Charles F. Hertlein Jr
Signature

Authorized Representative
By (if applicable)

Charles F. Hertlein, Jr.
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name