

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
Chiropractic Leadership, Educational Advancement and Research Institute, Inc., aka Clear Institute	FORMERLY Flex Neck, Inc.	03/17/2009	CORPORATION: MINNESOTA
RECEIVING PARTY DATA			
Name:	Vibe For Health, Inc.		
Street Address:	437 North 33rd Avenue		
City:	St. Cloud		
State/Country:	MINNESOTA		
Postal Code:	56303		
Entity Type:	CORPORATION: MINNESOTA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2932151	THE VIBE	
CORRESPONDENCE DATA			
Fax Number:	6169755505		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	616-975-5500		
Email:	linn@glbf.com		
Correspondent Name:	Terence J. Linn		
Address Line 1:	2851 Charlevoix Drive SE		
Address Line 4:	Grand Rapids, MICHIGAN 49546		
ATTORNEY DOCKET NUMBER:	CLE03 T-100		
NAME OF SUBMITTER:	Terence J. Linn		
Signature:	/Terence J. Linn/		
Date:	06/26/2012		
Total Attachments: 1 source=Amendment to Articles of Inc#page1.tif			

OP \$40.00 2932151



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STATE OF MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Type or print in black ink.
2. There is a \$35.00 fee payable to the MN Secretary of State.
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Chiropractic Leadership, Education, Advancement and Research Institute, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

03/17/09

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1)

ARTICLE X

Name Change From Chiropractic Leadership and Educational Advancement and Research Institute, Inc To Vibe For Health, Inc. M

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

Brenda J. Woggon
(Signature of Authorized Person)

Name and telephone number of contact person: BRENDA J. WOGGON (320) 393-2709

Please print legibly STATE OF MINNESOTA DEPARTMENT OF STATE

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

FILED
JUN 22 2009

Mona Mielke
Secretary of State M

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us, or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

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