

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM307935

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
VoiceRite, Inc.		09/12/2013	CORPORATION: FLORIDA
RECEIVING PARTY DATA			
Name:	ThinkRite, Inc.		
Street Address:	4101 Ravenswood Road, Suite 109		
City:	Fort Lauderdale		
State/Country:	FLORIDA		
Postal Code:	33312		
Entity Type:	CORPORATION: FLORIDA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	85785520	GOODCALL	
CORRESPONDENCE DATA			
Fax Number:	3053728150		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	(305) 372-7300		
Email:	david@filawyers.com		
Correspondent Name:	David C. Isaacson		
Address Line 1:	1001 Brickell Bay Drive, Suite 1714		
Address Line 4:	Miami, FLORIDA 33131		
ATTORNEY DOCKET NUMBER:	324-003		
NAME OF SUBMITTER:	David C. Isaacson		
SIGNATURE:	/David C. Isaacson/		
DATE SIGNED:	06/17/2014		
Total Attachments: 6			
source=NC_VR2TR#page1.tif			
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source=NC_VR2TR#page6.tif			

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TRADEMARK

M36134

(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



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NC
DEC 03 2013
R. WHITE

13 NOV 25 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: VoiceRite Inc

DOCUMENT NUMBER: M36134

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pablo Gonzalez
Name of Contact Person

ThinkRite
Firm/ Company

4101 Ravenswood Road Suite 109
Address

Fort Lauderdale FL 33312
City/ State and Zip Code

admin@thinkrite.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pablo Gonzalez at (954) 653-2514
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
13 NOV 25 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOICERITE, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

M361134

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

ThinkRite, Inc

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: September 12, 2013
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

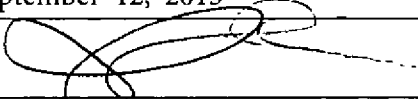
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____."
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated September 12, 2013
Signature 

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Joshua Schrage

(Typed or printed name of person signing)

CEO

(Title of person signing)