

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM314820

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Capewell Acquisition, LLC		08/11/2014	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Capewell Systems, LLC		
Street Address:	3000 Auburn Drive, Suite 430		
Internal Address:	Two Chagrin Highlands		
City:	Cleveland		
State/Country:	OHIO		
Postal Code:	44122-4340		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3710759	CAPEWELL	
Registration Number:	1706949		
CORRESPONDENCE DATA			
Fax Number:	2162410816		
<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:	216-622-8200		
Email:	ipdocket@calfee.com		
Correspondent Name:	Ryan W. Falk		
Address Line 1:	Calfee, Halter & Griswold LLP		
Address Line 2:	1405 East Sixth St., The Calfee Building		
Address Line 4:	Cleveland, OHIO 44114-1607		
ATTORNEY DOCKET NUMBER:	26521/04127		
NAME OF SUBMITTER:	Ryan W. Falk		
SIGNATURE:	/Ryan W. Falk/		
DATE SIGNED:	08/21/2014		
Total Attachments: 3			
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201422501209

DATE: 08/14/2014	DOCUMENT ID 201422501209	DESCRIPTION AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	FILING 50.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
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Receipt

This is not a bill. Please do not remit payment.

CALFEE HALTER & GRISWOLD LLP
CAROL BRAUNSCHEIG
1405 E 6TH ST
CLEVELAND, OH 44114

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2257698

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CAPEWELL SYSTEMS, LLC

and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
201422501209

Effective Date: 08/11/2014



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 14th day of August, A.D. 2014.

Handwritten signature of Jon Husted in cursive.

Ohio Secretary of State

**TRADEMARK
REEL: 005349 FRAME: 0637**



Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
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)

Restatement (142-LRA)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

RECEIVED
 SECRETARY OF STATE
 2014 AUG 11 11:50
 CLIENT SERVICES UNIT

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

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.

x *Richard H Wheeler*
Signature

By (if applicable)

Richard Wheeler, President
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name