

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM321086

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Shelves, LLC		10/02/2014	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Creative Plastic Concepts, LLC		
Street Address:	750 Western Ave.		
City:	Findlay		
State/Country:	OHIO		
Postal Code:	45840		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	86344051		
CORRESPONDENCE DATA			
Fax Number:	4198741130		
<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:	419-874-1100		
Email:	Firm@Fraser-ip.com		
Correspondent Name:	Charles F. Charpie, III		
Address Line 1:	28366 Kensington Lane		
Address Line 2:	Fraser Clemens Martin & Miller LLC		
Address Line 4:	Perrysburg, OHIO 43551		
ATTORNEY DOCKET NUMBER:	55932-1		
NAME OF SUBMITTER:	Attorney		
SIGNATURE:	/cfcharpie/		
DATE SIGNED:	10/24/2014		
Total Attachments: 3			
source=Ohio Certificate of Name Change#page1.tif			
source=Ohio Certificate of Name Change#page2.tif			
source=Ohio Certificate of Name Change#page3.tif			

CH \$40.00 86344051



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	GERT	COPY
10/02/2014	201427500887	AMEND/ARTICLES-ORGANIZATION/DOM, LLC (LAM)	50.00	0.00	0.00	0.00	0.00

Receipt

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

OXLEY, MALONE, HOLLISTER, WARREN & SPAETH
 ATTN: ROBERT B. HOLLISTER
 P.O. BOX 1086
 FINDLAY, OH 45839-1086

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
 2222164

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
CREATIVE PLASTIC CONCEPTS, LLC

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

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM, LLC

Effective Date: 10/02/2014

Document No(s):

201427500887



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
 2nd day of October, A.D. 2014.

Ohio Secretary of State



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)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

2014 OCT -2 AM 11:39

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.

Robert B. Hollister
Signature

Attorney for Nick Reinhart, sole member of the LLC
By (if applicable)

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

Robert B. Hollister
Print Name

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name