

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM328035

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Capewell Systems, LLC		12/17/2014	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Capewell Aerial 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:	Calfee, Halter & Griswold LLP		
Address Line 1:	1405 East Sixth Street		
Address Line 2:	The Calfee Building		
Address Line 4:	Cleveland, OHIO 44114-1607		
ATTORNEY DOCKET NUMBER:	36638/03901		
NAME OF SUBMITTER:	Ryan W. Falk		
SIGNATURE:	/ryan w. falk/		
DATE SIGNED:	01/06/2015		
Total Attachments: 3 source=02831407#page1.tif			

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201435100135

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/17/2014	201435100135	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	200.00	.00	.00	.00

Receipt

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

CALFEE, HALTER & GRISWOLD LLP
CAROL BRAUNSCHWEIG, PARALEGAL
1405 EAST 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 AERIAL SYSTEMS LLC

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

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

Document No(s):
201435100135

Effective Date: 12/16/2014



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 17th day of December, A.D. 2014.

Jon Husted

Ohio Secretary of State

**TRADEMARK
REEL: 005434 FRAME: 0963**



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)

January 2, 2014
Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Capewell Systems, LLC
Name of limited liability company

2257698
Registration Number

RECEIVED
SECRETARY OF STATE
2014 DEC 16 PM 3:03
CLIENT SERVICE UNIT

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:

Capewell Aerial Systems LLC

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