

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM348848

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900331437		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
STM Networks, Inc.		08/02/2013	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	STM Networks, LLC		
Street Address:	2 Faraday		
City:	Irvine		
State/Country:	CALIFORNIA		
Postal Code:	92618		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	77177168	SATLINK	
CORRESPONDENCE DATA			
Fax Number:	2156562498		
<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:	215-656-2458		
Email:	pto.phil@dlapiper.com		
Correspondent Name:	DLA Piper (US) LLP		
Address Line 1:	1650 Market Street, Suite 4900		
Address Line 2:	One Liberty Place		
Address Line 4:	Philadelphia, PENNSYLVANIA 19103		
ATTORNEY DOCKET NUMBER:	APB-14-11152(382885-1002)		
NAME OF SUBMITTER:	William L. Bartow		
SIGNATURE:	/williamlbartow/		
DATE SIGNED:	07/22/2015		
Total Attachments: 2			
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source=STM Change of Name#page2.tif			

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State of California Secretary of State

2370074

Limited Liability Company Articles of Organization - Conversion

LLC-1A

File #

FILED Secretary of State State of California

AUG 02 2013

Signature

icc

IMPORTANT - Read all instructions before completing this form.

This Space For Filing Use Only

Converted Entity Information

1. Name of Limited Liability Company (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

STM Networks, LLC

2. The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the Beverly-Killea Limited Liability Company Act.

3. The limited liability company will be managed by (check only one):

One Manager

More Than One Manager

All Limited Liability Company Member(s)

4. Initial Street Address of Limited Liability Company

2 Faraday

City

Irvine

State

CA

Zip Code

92618

5. Initial Mailing Address of Limited Liability Company, if different from Item 4

SAME

City

State

Zip Code

6. Name of Initial Agent For Service of Process (Item 6: Enter the name of the agent for service of process. The agent may be an individual residing in California or a corporation that has filed a certificate pursuant to California Corporations Code section 1505. Item 7: If the agent is an individual, enter the agent's business or residential street address in CA. Do not list the address if the agent is a corporation. Item 8: If the converting entity is a CA limited partnership, enter the mailing address of the agent, if different from Item 7, or if the agent is a corporation.)

Umar Javed

7. If an individual, Street Address of Agent for Service of Process in CA

2 Faraday

City

Irvine

State

CA

Zip Code

92618

8. Mailing Address of Agent for Service of Process

SAME

City

State

Zip Code

Converting Entity Information

9. Name of Converting Entity

STM Networks, Inc.

10. Form of Entity

Corporation

11. Jurisdiction

California

12. CA Secretary of State File Number, if any

C2370074

13. The principal terms of the plan of conversion were approved by a vote of the number of interests or shares of each class that equaled or exceeded the vote required. If a vote was required, provide the following for each class:

The class and number of outstanding interests entitled to vote.

AND

The percentage vote required of each class.

Common stock, of which 1,000 shares are outstanding

51%

Additional Information

14. Additional information set forth on the attached pages, if any, is incorporated herein by this reference and made part of this certificate.

15. I certify under penalty of perjury that the contents of this document are true. I declare I am the person who executed this instrument, which execution is my act and deed.

Signature of Authorized Person

Emil Youssefzadeh, CEO

Type or Print Name and Title of Authorized Person

Signature of Authorized Person

Anthony Naff, CFO

Type or Print Name and Title of Authorized Person



I hereby certify that the foregoing transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

AUG 02 2013

Date: _____

Debra Bowen
DEBRA BOWEN, Secretary of State