

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM359633

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Closet Tailors, LLC		05/04/2010	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Tailored Living, LLC		
Street Address:	1927 North Glassell Street		
City:	Orange		
State/Country:	CALIFORNIA		
Postal Code:	92865		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3804536	ARROYO	
Registration Number:	3804535	MESA	
Registration Number:	3804534	CORDILLERA	
CORRESPONDENCE DATA			
Fax Number:	7149988901		
<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:	(714) 279 2427		
Email:	jennie@homefranchiseconcepts.com		
Correspondent Name:	Jennie L. Amante		
Address Line 1:	1927 North Glassell Street		
Address Line 4:	Orange, CALIFORNIA 92865		
NAME OF SUBMITTER:	Jennie L. Amante		
SIGNATURE:	/Jennie L. Amante/		
DATE SIGNED:	10/22/2015		
Total Attachments: 2			
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OP \$90.00 3804536



State of California
Secretary of State

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) is a full, true and correct copy of the original record in the custody of this office.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

MAY 07 2010



Debra Bowen

DEBRA BOWEN
Secretary of State



State of California Secretary of State

LIMITED LIABILITY COMPANY CERTIFICATE OF AMENDMENT

ENDORSED - FILED in the office of the Secretary of State of the State of California

MAY 05 2010

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200613910093 2. NAME OF LIMITED LIABILITY COMPANY Closet Tailors, LLC

3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. A. LIMITED LIABILITY COMPANY NAME Tailored Living, LLC B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE) C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION: D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE...

4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR

5. NUMBER OF PAGES ATTACHED, IF ANY:

6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. SIGNATURE OF AUTHORIZED PERSON Todd Jackson, Manager DATE May 4, 2010

7. RETURN TO: NAME FIRM ADDRESS CITY/STATE ZIP CODE

