#### 900346119 12/03/2015

#### TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM364409

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	CHANGE OF NAME
RESUBMIT DOCUMENT ID:	900345064

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Refresh Water		11/10/2015	CORPORATION:

#### **RECEIVING PARTY DATA**

Name:	Hydration Labs, Inc.
Doing Business As:	BEVI
Street Address:	28 Damrell Street, B4
City:	Boston
State/Country:	MASSACHUSETTS
Postal Code:	02127
Entity Type:	CORPORATION: DELAWARE

#### **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	4854067	BEVI

#### **CORRESPONDENCE DATA**

Fax Number: 6173109000

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.

Email: docket@nutter.com

**Correspondent Name:** Nutter McClennen & Fish LLP

Address Line 1: 155 Seaport Boulevard

Address Line 2: Seaport West

Address Line 4: Boston, MASSACHUSETTS 02210

ATTORNEY DOCKET NUMBER:	114929-2
NAME OF SUBMITTER:	Rory P. Pheiffer
SIGNATURE:	/Rory P. Pheiffer/
DATE SIGNED:	12/03/2015

**Total Attachments: 2** 

source=Hydration Labs Change of Name BEVI#page1.tif source=Hydration Labs Change of Name BEVI#page2.tif

**TRADEMARK** REEL: 005679 FRAME: 0981 900346119





# **City of Boston**

Office of the City Clerk

2015 NOV 13 A 11:37

BOSTON, MA.

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BUSII	NE22	<b>CERTIFIC</b>	AIL-	Filing Fee	e: \$65.00

➤ New Filing □ Rene	wal	0040	,
his Certificate Expires on:NOV 1 3 2019			
Under the provisions of Chapter 110, S amended, the undersigned hereby			
BEVI		is being co	nducted at:
(Please Print Clearly)			
28 Damrell Street, B4	BOSTON	MA	02127
(P. O. Box not permitted)	(City)	(State)	(Zip Code)
By the following individual (s) or Corporation Print Full Name (s)	Corporation or Residential Address (P.O. Box not permitted)		
Hydration Labs, Inc.	28 Damrell Street,	B4, Boston, MA	02127
ndividuals MUST have their <i>signatures notarized</i> on th Local Telephone Number: (617) 333-8191			ice of the City Clerk.
Email Address: sean.grundy@gmail.com			
The same shall be shall save save save save save save save save			
	TANT NOTICE  e date of issue. If you	cease conducting h the Office of th	t business before e City Clerk.
City of Boston Certification	ì		and the second
A true copy of the original document filed on the above	date in the Office of the C	ity Clerk.	(2)
IUV 1 8 2015 at	11-37 AM	S. Marien	11 M 2
Attest: Jacanes	Lenay		OSTONIA COMULAAD.

REEL: 005679 FRAME: 0982

#### Notarization Acknowledgement

## The Commonwealth of Massachusetts - SUFFOLK COUNTY On this 10 th day of November, 20 15, before me, the undersigned Notary Public, personally appeared Grundy (name of document signer(s), proved to me through Driver's Licence satisfactory evidence of identification, which was/were to be the person who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of this document are truthful and accurate to the best of his/her knowledge and belief. NANCY L. W. MANNING Notary Public commonwealth of Massachusetts My Commission Expires Notary Seal/Stamp August 11, 2017

### Non-Residents ONLY doing Business in Massachusetts

My Commission expires: 8 / 1/ / 17

Certificate and Statement

Filing Fee: \$35.00 (in addition to regular fee)

Pursuant to M.G.L. Chapter 227, Section 5A, I/We hereby appoint the City Clerk of the City of Boston, and its successors in office, as my/our true and lawful agent upon whom all lawful process may be served in any action arising out of the business described in the front hereof.

Signature(s):

Office of the City Clerk, Room 601, Boston City Hall, Boston, Mastrala EMMARK

**RECORDED: 11/20/2015** 

REEL: 005679 FRAME: 0983