

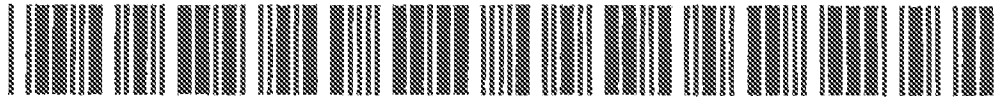
TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM371454

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Dr. Mark H. Rinkov, LLC		02/01/2016	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Rinkov Eyecare Centers, LLC		
Street Address:	217 Clarkson Rd		
City:	Ellisville		
State/Country:	MISSOURI		
Postal Code:	63011		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	4436648	CARE : 20 20 : LIFE	
Registration Number:	4434227	20-POINT EYE EXAMINATION	
CORRESPONDENCE DATA			
Fax Number:	9134510875		
<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:	913-451-5100		
Email:	ipdocketing@lathrogage.com		
Correspondent Name:	Amy Brozenic		
Address Line 1:	Lathrop & Gage LLP 10851 Mastin Blvd.		
Address Line 2:	Building 82, Suite 1000		
Address Line 4:	Overland Park, KANSAS 66210-1669		
ATTORNEY DOCKET NUMBER:	573423		
NAME OF SUBMITTER:	Amy Brozenic		
SIGNATURE:	/Amy Brozenic/		
DATE SIGNED:	02/01/2016		
Total Attachments: 3			
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source=Rinkov - change of name#page2.tif			

CH \$65.00 4436648



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/01/2016	201603202078	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	300.00	0.00	5.00	0.00

Receipt

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

BENESCH FRIEDLANDER COPLAN & ARONOFF LLP
 ANDREW MURPHY
 200 PUBLIC SQUARE, SUITE 2300
 CLEVELAND, OH 44114

**STATE OF OHIO
 CERTIFICATE**

Ohio Secretary of State, Jon Husted
 536017

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
RINKOV EYECARE CENTERS, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 02/01/2016

Document No(s):

201603202078



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
 1st day of February, A.D. 2016.

Ohio Secretary of State



Form 543A Prescribed by:
JON HUSTED
 OHIO SECRETARY OF STATE

Toll Free: (877) 308-FILE (877-787-5463)
 Central Office: (614) 466-0910
www.OhioSecretaryofState.gov
osusterv@OhioSecretaryofState.gov
 File online or for more information: www.OhioBusinessCentral.com

Mail this form to one of the following:
 Regular Filing (non expedite)
 P.O. Box 1329
 Columbus, OH 43210
 Expedite Filing (Two business day processing time. Requires an additional \$100.00)
 P.O. Box 1380
 Columbus, OH 43210

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (128-LAM)

5/23/79
Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Dr. Mark H. Rinkov, LLC
Name of limited liability company

536017
Registration Number

CLIENT SERVICE
 2016 FEB -1 AM 3:11
 03-11-16

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:

Rinkov Eyecare Centers, 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.

DMHR, Inc.
Signature

[Handwritten Signature]
By (if applicable)

Dr. Mark H. Rinkov, President
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name