

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM381435

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
DJC HOLDINGS LLC		02/19/2013	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	N2Y LLC		
Street Address:	P.O. BOX 550		
City:	HURON		
State/Country:	OHIO		
Postal Code:	44839		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3954020	N2Y	
Registration Number:	4001318	UNIQUE LEARNING SYSTEM	
CORRESPONDENCE DATA			
Fax Number:	2165796073		
<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:	216-579-1700		
Email:	lhawkins@pearne.com		
Correspondent Name:	JOHN P. MURTAUGH/PEARNE & GORDON LLP		
Address Line 1:	1801 EAST 9TH STREET, SUITE 1200		
Address Line 4:	CLEVELAND, OHIO 44114-3108		
ATTORNEY DOCKET NUMBER:	WHZ-47054		
NAME OF SUBMITTER:	JOHN P. MURTAUGH		
SIGNATURE:	/johnpmurtaugh/		
DATE SIGNED:	04/21/2016		
Total Attachments: 3			
source=Change-Name-Document#page1.tif			
source=Change-Name-Document#page2.tif			
source=Change-Name-Document#page3.tif			

CH \$65.00 3954020



DATE	DOCUMENT ID	DESCRIPTION	FLING	EXPED	PENALTY	CERT	COPY
02/20/2013	201305001596	AMEND/ARTICLES-ORGANIZATION/DOM.LLC (LAM)	50.00	.00		.00	.00

Receipt

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

WICKENS HERZER PANZ COOK BATISTA
ATTN: CONNIE L. FERRER
35765 CHESTER ROAD
AVON, OH 44011-1282

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1777593

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

N2Y LLC

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

Document(s):

AMEND/ARTICLES-ORGANIZATION/DOM.LLC

Document No(s):

201305001596

Effective Date: 02/19/2013



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 20th day of February, A.D.
2013.

Ohio Secretary of State



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

Mall 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

2013 FEB 19 AM 10:39

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

April 30, 2008
Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

DJC Holdings LLC
Name of limited liability company
1777593
Registration Number

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:

n2y 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

Three horizontal lines for entering the purpose of the company.

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.

X *Jacquelyn A. Clark*
Signature

By (if applicable)

Jacquelyn A. Clark, President

Print Name

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.

David E. Clark
Signature

By (if applicable)

David E. Clark, Vice President

Print Name

Signature

By (if applicable)

Print Name