

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM396204

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Lynn Taylor Enterprises, Inc.		05/03/2016	Corporation: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Visceral Enterprises, Inc.		
<b>Street Address:</b>	21163 Newport Coast Dr. #102		
<b>City:</b>	Newport Coast		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	92657		
<b>Entity Type:</b>	Corporation: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	86920510	LYNN TAYLOR	
<b>Serial Number:</b>	86973593	LT	
<b>Serial Number:</b>	87073160	KUDOZ	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	9496824813		
<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>			
<b>Phone:</b>	949-595-0120		
<b>Email:</b>	docketing@alfordiplaw.com		
<b>Correspondent Name:</b>	William Alford of Alford Law Group Inc.		
<b>Address Line 1:</b>	23052H Alicia Pkwy, No. 201		
<b>Address Line 4:</b>	Mission Viejo, CALIFORNIA 92692		
<b>NAME OF SUBMITTER:</b>	William E. Alford		
<b>SIGNATURE:</b>	/William E. Alford/		
<b>DATE SIGNED:</b>	08/24/2016		
<b>Total Attachments: 3</b>			
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OP \$90.00 86920510



**State of California  
Secretary of State**

**S**

**137**

**Statement of Information**

(Domestic Stock and Agricultural Cooperative Corporations)

FEEs (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

**IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FILED**  
Secretary of State  
State of California

MAY 23 2016

**1. CORPORATE NAME**

Visceral Enterprises, Inc.

**2. CALIFORNIA CORPORATE NUMBER**

C3184827

30/25/CC

This Space for Filing Use Only

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.  
 If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 17.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
21163 Newport Coast Dr. #102	Newport Coast	CA	92657
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
		CA	
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Lynn Groff	21163 Newport Coast Dr. #102	Newport Coast	CA	92657
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
Lynn Groff	21163 Newport Coast Dr. #102	Newport Coast	CA	92657
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
Lynn Groff	21163 Newport Coast Dr. #102	Newport Coast	CA	92657

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Lynn Groff	21163 Newport Coast Dr. #102	Newport Coast, CA		92657
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

Lynn Groff

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY

21163 Newport Coast Dr. #102, Newport Coast

STATE ZIP CODE  
CA 92657

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

Business consulting, fashion design

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

5-3-16

Lynn Groff

President

**TRADEMARK**

REEL: 005863 FRAME: 0262

318 4827

A0784487

Ms. Lynn Groff  
President, Secretary  
Lynn Taylor Enterprises, Inc.  
21163 Newport Coast Dr. #102  
Newport Coast, CA 92657 [lynn@lynnataylor.com](mailto:lynn@lynnataylor.com)  
310-775-7275

NCTO

May 3, 2016

Secretary of State  
Business Programs Division  
Business Entities  
1500 11<sup>th</sup> Street  
Sacramento, CA 95814

FILED *ASIM*  
Secretary of State  
State of California  
MAY 09 2016  
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To Whom It May Concern:

**Certificate of Amendment of Articles of Incorporation**

I am filing a Certificate of Amendment of Articles of Incorporation, for a corporate name change.

**The undersigned certifies that:**

1. I am **president** and **secretary**, respectively, of Lynn Taylor Enterprises, Inc., a California corporation.
2. Article 1 of the Articles of Incorporation of this corporation is amended to read as follows:  
The name of the corporation is: **Visceral Enterprises, Inc.**
3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.
4. The corporation has issued no shares.

I further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of my own knowledge.

DATE: May 3, 2016

*Lynn Groff*  
\_\_\_\_\_  
Lynn Groff, President and Secretary

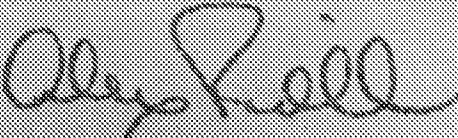
Please see above address. Thank you.



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

MAY 24 2016

Date: \_\_\_\_\_

  
ALEX PADILLA, Secretary of State