

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM408331

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Correction to Registrant's Name		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MINIBAR RX, LLC		08/13/2013	Limited Liability Company: MARYLAND
RECEIVING PARTY DATA			
Name:	MiniBarRx, LLC		
Street Address:	9801 Washingtonian Blvd		
Internal Address:	#240		
City:	Gaithersburg		
State/Country:	MARYLAND		
Postal Code:	20878		
Entity Type:	Limited Liability Company: MARYLAND		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4590005	MINIBAR RX	
CORRESPONDENCE DATA			
Fax Number:	2023448300		
<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:	2023444019		
Email:	mbharrison@venable.com		
Correspondent Name:	Mark Harrison		
Address Line 1:	P.O. Box 34385		
Address Line 4:	Washington, D.C. 20043-9998		
ATTORNEY DOCKET NUMBER:	125067-367592		
NAME OF SUBMITTER:	Mark Harrison		
SIGNATURE:	/Mark Harrison/		
DATE SIGNED:	12/09/2016		
Total Attachments: 2			
source=MiniBarRx, LLC correction to name#page1.tif			
source=MiniBarRx, LLC correction to name#page2.tif			

CH \$40.00 4590005

CORPORATE CHARTER APPROVAL SHEET

**** EXPEDITED SERVICE** ** KEEP WITH DOCUMENT ****

DOCUMENT CODE 17A BUSINESS CODE _____

W 14640619

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____



ID # W14540619 ACK # 1000362005388204
PAGES: 0002
MINIBARRX, LLC

MAIL
BACK

09/11/2013 AT 11:17 A WO # 0004192509

New Name Minibarrx, LLC

FEES REMITTED

Base Fee:	<u>25</u>
Org. & Cap. Fee:	_____
Expedite Fee:	<u>50</u>
Penalty:	_____
State Recordation Tax:	_____
State Transfer Tax:	_____
Certified Copies	_____
Copy Fee:	_____
Certificates	_____
Certificate of Status Fee:	_____
Personal Property Filings:	_____
Mail Processing Fee:	<u>5</u>
Other:	_____
TOTAL FEES:	<u>80</u>

- Change of Name
- _____ Change of Principal Office
- _____ Change of Resident Agent
- _____ Change of Resident Agent Address
- _____ Resignation of Resident Agent
- _____ Designation of Resident Agent and Resident Agent's Address
- _____ Change of Business Code
- _____ Adoption of Assumed Name
- _____ Other Change(s)

Credit Card _____ Check _____ Cash _____

_____ Documents on _____ Checks

Approved By: 9

Keyed By: _____

COMMENT(S):

Code _____

Attention: _____

Mail: Name and Address
SHAPIRO, LIFSCHITZ AND SCHRAM, P.C.
TIMOTHY T. UNRUH
1742 N ST NW
WASHINGTON DC 20036-2907

Stamp Work Order and Customer Number HERE

CUST ID: 0002975929
WORK ORDER: 0004192509
DATE: 09-11-2013 11:17 AM
AMT. PAID: \$80.00


CERTIFICATE OF CORRECTION
of the
ARTICLES OF AMENDMENT
for
INTEGRATED VACCINE STORAGE SOLUTIONS, LLC
(changing name to MinibarRx, LLC)

The undersigned, with the intention of correcting the Articles of Amendment for Integrated Vaccine Storage Solutions, LLC, a Maryland limited liability company (the "Company"), files this Certificate of Correction for the purpose contained herein, and states:

1. The title of the document being corrected is the Articles of Amendment for Integrated Vaccine Storage Solutions, LLC (the "Articles").
2. The undersigned is the party, as authorized person, to the Articles that are being corrected by this Certificate of Correction.
3. The Articles were filed with the Maryland State Department of Assessments and Taxation ("SDAT") on July 19, 2013. The Department ID Number issued by SDAT for the Company is W14640619.
4. Article 1 of the Articles is defective in that it erroneously states that the new name of the Company is Minibar Rx, LLC.
5. Article 1 of the Articles is hereby corrected to state that the name of the Company is:

MinibarRx, LLC

IN WITNESS WHEREOF, I have signed this Certificate of Correction on this 13th day of August, 2013, and have acknowledged these Articles to be my act.



Steven H. Schram
its authorized person

CUST ID:0002975929
WORK ORDER:0004192509
DATE:09-11-2013 11:17 AM
AMT. PAID:\$80.00