

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM439311

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MBA Focus, LLC		10/01/2015	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	GradLeaders, LLC		
Street Address:	5980A Wilcox Place		
City:	Dublin		
State/Country:	OHIO		
Postal Code:	43016		
Entity Type:	Corporation: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	5256824	GRADLEADERS	
Registration Number:	5257304	GRADLEADERS	
CORRESPONDENCE DATA			
Fax Number:	5132414771		
<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:	(513) 352-6678		
Email:	dawn.schneider@thompsonhine.com		
Correspondent Name:	Carrie A. Shufflebarger. Thompson Hine		
Address Line 1:	312 Walnut Street, Suite 1400		
Address Line 4:	Cincinnati, OHIO 45202		
NAME OF SUBMITTER:	Carrie A. Shufflebarger		
SIGNATURE:	/Carrie A. Shufflebarger/		
DATE SIGNED:	08/15/2017		
Total Attachments: 3			
source=MBA Focus, LLC to Gradleaders, LLC Name Change#page1.tif			
source=MBA Focus, LLC to Gradleaders, LLC Name Change#page2.tif			
source=MBA Focus, LLC to Gradleaders, LLC Name Change#page3.tif			

OP \$65.00 5256824



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/02/2015	201527500838	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00	0.00

Receipt

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

THOMPSON HINE LLP
ATTN:CAROL R. RUSSELL
41 S. HIGH STREET; #1700
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
1321814**

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

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 10/01/2015

Document No(s):

201527500838



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
2nd day of October, A.D. 2015.

Ohio Secretary of State



Form 543A Prescribed by:
JON HUSTED
 OHIO SECRETARY OF STATE
 Toll Free: (877) SDS-FILE (877-787-3453)
 Central Ohio: (614) 466-3910
 www.OhioSecretaryofState.gov
 busness@OhioSecretaryofState.gov
 File online or for more information: www.OHBusinessCentral.com

Mail 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 \$180.00)
 P.O. Box 1390
 Columbus, OH 43216

**Domestic Limited Liability Company Certificate of
 Amendment or Restatement
 Filing Fee: \$50**

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

MBA FOCUS, LLC

Name of limited liability company

1321814

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:

GRADLEADERS, 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.

T. Jack Gainer, Jr.

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

T. Jack Gainer, Jr.

Print Name

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name