

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM471512

<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>
Multi-Shot, LLC		12/04/2017	Limited Liability Company: TEXAS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	MS Directional, LLC		
<b>Street Address:</b>	3335 Pollok Drive		
<b>City:</b>	Conroe		
<b>State/Country:</b>	TEXAS		
<b>Postal Code:</b>	77303		
<b>Entity Type:</b>	Limited Liability Company: TEXAS		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3798422	MS ENERGY SERVICES	
<b>Registration Number:</b>	3792187	MS ENERGY SERVICES	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3034732720		
<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>	3034732710		
<b>Email:</b>	docket@hollandhart.com		
<b>Correspondent Name:</b>	Scott S Havlick		
<b>Address Line 1:</b>	P.O. Box 8749, Attn: Trademark Docketing		
<b>Address Line 4:</b>	Denver, COLORADO 80201		
<b>NAME OF SUBMITTER:</b>	Scott S. Havlick		
<b>SIGNATURE:</b>	/Scott Havlick/		
<b>DATE SIGNED:</b>	04/26/2018		
<b>Total Attachments: 3</b>			
source=MS Directional Name Change 12-4-17#page1.tif			
source=MS Directional Name Change 12-4-17#page2.tif			
source=MS Directional Name Change 12-4-17#page3.tif			

CH \$65.00 3798422

Form 424  
(Revised 05/11)

Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
Filing Fee: See instructions



Certificate of Amendment

This space reserved for office use.

FILED  
In the Office of the  
Secretary of State of Texas  
DEC 04 2017  
Corporations Section

Entity Information

The name of the filing entity is:

Multi-Shot, LLC

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- For-profit Corporation
- Nonprofit Corporation
- Cooperative Association
- Limited Liability Company
- Professional Corporation
- Professional Limited Liability Company
- Professional Association
- Limited Partnership

The file number issued to the filing entity by the secretary of state is: 0800332782

The date of formation of the entity is: 04/21/2004

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

MS Directional, LLC

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

RECEIVED

DEC 04 2017

Secretary of State

**Registered Agent**  
(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

**OR**

B. The registered agent is an individual resident of the state whose name is:

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<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
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The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

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<i>Street Address (No P.O. Box)</i>	<i>City</i>	<b>TX</b>	<i>State</i>	<i>Zip Code</i>
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**3. Other Added, Altered, or Deleted Provisions**

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

**Add** each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

**Alter** each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

**Delete** each of the provisions identified below from the certificate of formation.

**Statement of Approval**

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing** (Select either A, B, or C.)

- A.  This document becomes effective when the document is filed by the secretary of state.
- B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C.  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_


The following event or fact will cause the document to take effect in the manner described below:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 12/04/2017

By: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized person

Seth D. Wexler  
\_\_\_\_\_  
Printed or typed name of authorized person (see instructions)