

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM479674

<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>
DaVinci Capital LLC		12/06/2017	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	DaVinci Academy LLC		
<b>Street Address:</b>	1278 West 9th Street		
<b>Internal Address:</b>	Suite 930		
<b>City:</b>	Cleveland		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44113		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87492979	DAVINCI ACADEMY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	216-520-03		
<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>	216-562-7171		
<b>Email:</b>	porter@porterpatentlaw.com		
<b>Correspondent Name:</b>	Wayne D. Porter, Jr.		
<b>Address Line 1:</b>	6200 Rockside Woods Boulevard North		
<b>Address Line 2:</b>	Suite 315		
<b>Address Line 4:</b>	Independence, OHIO 44131		
<b>NAME OF SUBMITTER:</b>	Wayne D. Porter, Jr.		
<b>SIGNATURE:</b>	/Wayne D. Porter, Jr./		
<b>DATE SIGNED:</b>	06/27/2018		
<b>Total Attachments: 5</b>			
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/07/2017	201734000854	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

**Receipt**

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

HAWKINS AND COMPANY, LLC  
1267 WEST 9TH STREET, SUITE 500  
CLEVELAND, OH 44113

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted  
3951153

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

DAVINCI ACADEMY, LLC

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

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 12/06/2017

Document No(s):

**201734000854**



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  
7th day of December, A.D. 2017.

*Jon Husted*  
Ohio Secretary of State

Form 543A Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

For screen readers, follow instructions located at this path.

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

**(CHECK ONLY ONE (1) BOX)**

(1) Domestic Limited Liability Company

Amendment (129-LAM)

10/18/2016  
Date of Formation  
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

MM/DD/YYYY  
Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

DAVINCI CAPITAL, LLC  
Name of Limited Liability Company

3951153  
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:

Davinci Academy, 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.

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.

(see attachment)

Signature

By (if applicable)

Maxwell E. Cooper

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Form 543A Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



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Registration Number

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Signature

By (if applicable)

Maxwell E. Cooper

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name