

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM492591

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Integrated Logistics Solutions LLC		10/17/2007	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Supply Technologies LLC		
Street Address:	6065 Parkland Boulevard		
City:	Cleveland		
State/Country:	OHIO		
Postal Code:	44124		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3623690	SUPPLY TECHNOLOGIES THE EFFICIENCY EXPER	
CORRESPONDENCE DATA			
Fax Number:	2163639001		
<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:	216-363-9000		
Email:	cfgoss@faysharpe.com		
Correspondent Name:	Colleen Flynn Goss		
Address Line 1:	1228 Euclid Avenue		
Address Line 2:	The Halle Building, 5th Floor		
Address Line 4:	Cleveland, OHIO 44115		
ATTORNEY DOCKET NUMBER:	PKOH500015US01		
NAME OF SUBMITTER:	Colleen Flynn Goss		
SIGNATURE:	/colleenfgoss/		
DATE SIGNED:	10/03/2018		
Total Attachments: 3			
source=200729100238-2#page1.tif			
source=200729100238-2#page2.tif			
source=200729100238-2#page3.tif			

OP \$40.00 3623690



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/18/2007	200729100238	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

Receipt

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

CORPORATION SERVICE COMPANY
ATTN: LISA VAIDO
887 SOUTH HIGH STREET
COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**1048662**

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

SUPPLY TECHNOLOGIES LLC

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

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200729100238

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 17th day of October, A.D.
2007.

Ohio Secretary of State



www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

Prescribed by:
The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)

Mail Return to Ohio State Following:

☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
☐ No PO Box 1329
Columbus, OH 43216

**Limited Liability Company Certificate of
Amendment / Restatement / Correction**
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) December 14, 1998 (Date of Organization)	<input type="checkbox"/> (2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC) (Home State)	(Qualifying in Ohio on MM/DD/YYYY)
--	---	------------------------------------

The undersigned authorized representative of Integrated Logistics Solutions LLC 1048662
(Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☒ Amend ☐ Restate ☐ Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.	
FIRST: The name of said limited liability company shall be: <u>Supply Technologies LLC</u> (the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")	
SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____	
THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL) : (street address) _____ NOTE: P.O. Box Addresses are NOT acceptable. (city, township, or village) _____ (state) _____ (zip code) _____	
<input type="checkbox"/> Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.	
FOURTH: Purpose (OPTIONAL) _____ _____ _____	

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent.

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Ohio

(City, village or township)

(State)

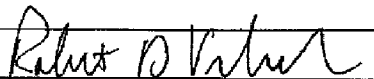
(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or,
- C. the limited liability company's registration to do business in Ohio expires or is cancelled.

REQUIRED

Must be authenticated (signed)
by an authorized representative
(See Instructions)



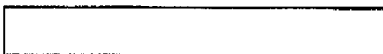
Authorized Representative

October 8, 2007

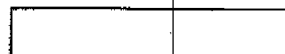
Date

Robert D. Vilsack, Secretary

(Print Name)



Authorized Representative



Date

(Print Name)



Authorized Representative



Date

(Print Name)