

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM511278

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Cincinnati Sub-Zero Products, LLC		02/13/2019	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	Gentherm Medical, LLC		
Street Address:	21680 Haggerty Road		
City:	Northville		
State/Country:	MICHIGAN		
Postal Code:	48167		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 18			
Property Type	Number	Word Mark	
Registration Number:	5360330	CARDI-O TEMP	
Registration Number:	0943322	NORM-O-TEMP	
Registration Number:	1068469	BLANKETROL	
Registration Number:	1670786	ELECTRI-COOL	
Registration Number:	1889211	FILTEREDFLO	
Registration Number:	3406370	GELLI-ROLL	
Registration Number:	1262892	HEMOTHERM	
Registration Number:	1234474	MAXI-THERM	
Registration Number:	1357874	MICRO-TEMP	
Registration Number:	3298521	PENGUIN COLD THERAPY	
Registration Number:	1242682	PLASTIPAD	
Registration Number:	1753774	STERI-PROBE	
Registration Number:	4794221	SURFACETEMP	
Registration Number:	1646750	TEMP-PAD	
Registration Number:	1757600	TROPIC-COOL	
Registration Number:	1709298	WARMAIR	
Registration Number:	3410166	KOOL-KIT	
Registration Number:	3654398	THERMA-TEMP	

CH \$465.00 5360330

CORRESPONDENCE DATA**Fax Number:** 7344184227*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.***Phone:** 7344184226**Email:** ablackburn@honigman.com**Correspondent Name:** Amanda Blackburn, Honigman LLP**Address Line 1:** 315 E. Eisenhower, Ste. 100**Address Line 4:** Ann Arbor, MICHIGAN 48108**ATTORNEY DOCKET NUMBER:** 207377-439070**NAME OF SUBMITTER:** Amanda M Blackburn**SIGNATURE:** /Amanda M. Blackburn/**DATE SIGNED:** 02/23/2019**Total Attachments: 4**

source=certified copy - Certificate of Amendment - Gentherm Medical LLC#page1.tif

source=certified copy - Certificate of Amendment - Gentherm Medical LLC#page2.tif

source=certified copy - Certificate of Amendment - Gentherm Medical LLC#page3.tif

source=certified copy - Certificate of Amendment - Gentherm Medical LLC#page4.tif

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of February, A.D. 2019.

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:
201905001346



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/14/2019	201904500268	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	100.00	0.00	0.00

Receipt

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

CORPORATION SERVICE COMPANY
MONIQUE WEAVER
50 W. BROAD STREET
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
180249**

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

GENTHERM MEDICAL, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 02/13/2019

Document No(s):

201904500268



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
14th day of February, A.D. 2019.

Frank LaRose
Ohio Secretary of State

TRADEMARK

Form 543A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-787-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@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 \$100.00)
P.O. Box 1390
Columbus, OH 43216

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

RECEIVED
2019 FEB 13 PM 3:30
CLIENT SERVICE CENTER

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company
 Amendment (129-LAM)
09/26/1940
Date of Formation
(MM/DD/YYYY)

(2) Domestic Limited Liability Company
 Restatement (142-LRA)

Date of Formation
(MM/DD/YYYY)

The undersigned authorized representative of:
Cincinnati Sub-Zero Products, LLC
Name of Limited Liability Company
180249
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:
Gentherm Medical, 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

TRADEMARK


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.



Signature

By (if applicable)

Kenneth J. Phillips

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name