

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM521107

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:	12011 Mosteller Road		
City:	Cincinnati		
State/Country:	OHIO		
Postal Code:	45241		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 7			
Property Type	Number	Word Mark	
Registration Number:	2407744	CSZ	
Registration Number:	2541581	TUNDRA	
Registration Number:	2652663	RATEMASTER	
Registration Number:	3365052	STABLE CLIMATE	
Registration Number:	3002273	MICROCLIMATE	
Registration Number:	4189516	TIME COMPRESSOR	
Registration Number:	3129590	BIOSTORE	
CORRESPONDENCE DATA			
Fax Number:	6169755505		
<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:	6169755500		
Email:	visser@gardner-linn.com		
Correspondent Name:	Frederick S. Burkhart		
Address Line 1:	2900 Charlevoix Drive SE, Suite 300		
Address Line 4:	Grand Rapids, MICHIGAN 49546		
NAME OF SUBMITTER:	Frederick S. Burkhart		
SIGNATURE:	/Frederick S. Burkhart/		
DATE SIGNED:	04/29/2019		

OP \$190.00 2407744

Total Attachments: 3

source=2-Name Change to Gentherm Medical, LLC#page1.tif

source=2-Name Change to Gentherm Medical, LLC#page2.tif

source=2-Name Change to Gentherm Medical, LLC#page3.tif



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

Form 543A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 468-3910
www.OhioSecretaryofState.gov
bussonv@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)

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:

Name of Limited Liability Company

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:

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.

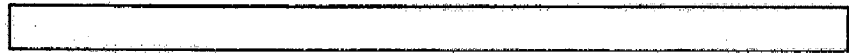

Signature

By (if applicable)

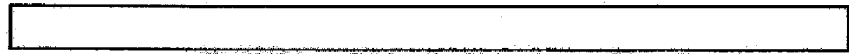
Kenneth J. Phillips
Print Name



Signature


By (if applicable)


Print Name


Signature


By (if applicable)


Print Name