

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM529862

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
TransitWorks, LLC		04/16/2019	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	Driverge Vehicle Innovations, LLC		
Street Address:	4199 Kinross Lakes Parkway		
Internal Address:	Suite 300		
City:	Richfield		
State/Country:	OHIO		
Postal Code:	44286		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	88378545	DRIVERGE	
Serial Number:	88378553	DRIVERGE VEHICLE INNOVATIONS	
Serial Number:	88378534	IDEAS MADE TO MOVE	
CORRESPONDENCE DATA			
Fax Number:	5136985079		
<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:	5136985078		
Email:	mmarrero@ulmer.com		
Correspondent Name:	Michael A. Marrero		
Address Line 1:	600 Vine Street		
Address Line 2:	Suite 2800		
Address Line 4:	Cincinnati, OHIO 45202		
NAME OF SUBMITTER:	Michael A. Marrero		
SIGNATURE:	/Michael A. Marrero/		
DATE SIGNED:	06/28/2019		
Total Attachments: 3			
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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/16/2019	201910600258	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

Receipt

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

ULMER & BERNE LLP
1660 WEST 2ND STREET, SUITE 1100
CLEVELAND, OH 44113-1448

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose
2120891**

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

DRIVERGE VEHICLE INNOVATIONS, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 04/16/2019

Document No(s):

201910600258



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
16th day of April, A.D. 2019.

Ohio Secretary of State

Form 543A Prescribed by:

OFFICE OF THE
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

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)

07/11/2012

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:

TRANSITWORKS, LLC

Name of Limited Liability Company

2120891

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:

Driverge Vehicle Innovations, 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.

/s/William M. Koeblitz

Signature

By (if applicable)

William M. Koeblitz, Manager

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name