

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM534565

<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>
PEOPLETOMYSITE.COM, LLC		08/28/2018	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	SMART HARBOR, LLC		
<b>Street Address:</b>	580 N. Fourth Street		
<b>Internal Address:</b>	Suite 510		
<b>City:</b>	Columbus		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43215		
<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>Registration Number:</b>	5520321	SMART HARBOR	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2162410816		
<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>	216-622-8200		
<b>Email:</b>	ipdocket@calfee.com,rfalk@calfee.com,ccostanza@calfee.com		
<b>Correspondent Name:</b>	Calfee, Halter & Griswold LLP		
<b>Address Line 1:</b>	1405 East Sixth Street		
<b>Address Line 2:</b>	The Calfee Building		
<b>Address Line 4:</b>	Cleveland, OHIO 44114-1607		
<b>ATTORNEY DOCKET NUMBER:</b>	32899/04025		
<b>NAME OF SUBMITTER:</b>	Ryan W. Falk		
<b>SIGNATURE:</b>	/Ryan W. Falk/		
<b>DATE SIGNED:</b>	07/31/2019		
<b>Total Attachments: 3</b>			
source=Smart_Harbor_Name_Change#page1.tif			
source=Smart_Harbor_Name_Change#page2.tif			

CH \$40.00 5520321





DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/28/2018	201824000550	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

**Receipt**

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

CALFEE, HALTER & GRISWOLD LLP  
1405 EAST 6TH STREET  
CLEVELAND, OH 44114

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
1572783**

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

**SMART HARBOR, LLC**

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

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: **08/28/2018**

Document No(s):

**201824000550**



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 28th day of August, A.D. 2018.

**Ohio Secretary of State**

**TRADEMARK**

**REEL: 006708 FRAME: 0888**

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)

09/30/2005  
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:

PEOPLETOMYSITE.COM, LLC

Name of Limited Liability Company

1572783

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:

Smart Harbor, 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.

Robert M. Simmons

Signature

By (if applicable)

Robert M. Simmons, Chief Financial Officer

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name