

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM547558

|  |   |                       |                            |
|--|---|-----------------------|----------------------------|
| <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>         |
| Windermere Solutions, LLC  |   | 07/19/2019            | Limited Liability Company: |
| <b>RECEIVING PARTY DATA</b>  |   |                       |                            |
| <b>Name:</b>   | MoxiWorks, LLC  |                       |                            |
| <b>Street Address:</b>   | 815 WESTERN AVE STE 300   |                       |                            |
| <b>City:</b>   | Seattle   |                       |                            |
| <b>State/Country:</b>  | WASHINGTON  |                       |                            |
| <b>Postal Code:</b>  | 98104   |                       |                            |
| <b>Entity Type:</b>  | Limited Liability Company: WASHINGTON   |                       |                            |
| <b>PROPERTY NUMBERS Total: 4</b>   |   |                       |                            |
| <b>Property Type</b>   | <b>Number</b>   | <b>Word Mark</b>      |                            |
| <b>Registration Number:</b>  | 5766980   | MOXI CLOUD            |                            |
| <b>Registration Number:</b>  | 5851730   | MOXIENGAGE            |                            |
| <b>Serial Number:</b>  | 86157292  | MOXIPRESENT           |                            |
| <b>Registration Number:</b>  | 5352827   | MOXIWORKS             |                            |
| <b>CORRESPONDENCE DATA</b>   |   |                       |                            |
| <b>Fax Number:</b>   |   |                       |                            |
|  | <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>Email:</b>  | docketing@bracewell.com, erin.hennessy@bracewell.com, annie.allison@bracewell.com, heather.fox@bracewell.com  |                       |                            |
| <b>Correspondent Name:</b>   | Erin S. Hennessy  |                       |                            |
| <b>Address Line 1:</b>   | 701 Fifth Ave., Ste. 6200   |                       |                            |
| <b>Address Line 4:</b>   | Seattle, WASHINGTON 98104   |                       |                            |
| <b>NAME OF SUBMITTER:</b>  | S. Annie Allison  |                       |                            |
| <b>SIGNATURE:</b>  | /S. Annie Allison/  |                       |                            |
| <b>DATE SIGNED:</b>  | 10/31/2019  |                       |                            |
| <b>Total Attachments: 6</b>  |   |                       |                            |
| source=MoxiWorks LLC Name Change - Amended Certificate of Authority - 07.19.19#page1.tif |   |                       |                            |
| source=MoxiWorks LLC Name Change - Amended Certificate of Authority - 07.19.19#page2.tif |   |                       |                            |
| source=MoxiWorks LLC Name Change - Amended Certificate of Authority - 07.19.19#page3.tif |   |                       |                            |

OP \$115.00 5766980

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Office of the Secretary of State  
 Corporations & Charities Division  
 (360) 725 - 0377 | www.sos.wa.gov/corps  
 801 Capitol Way S, Olympia, WA 98504-0234

- Filing Fee \$30
- Filing Fee with Expedited Service \$80

FILED

Secretary of State  
 State of Washington  
 Date Filed: 07/19/2019  
 Effective Date: 07/19/2019  
 UBI No: 603 062 955

This Box For Office Use Only

**AMENDED CERTIFICATE OF FORMATION  
 LIMITED LIABILITY COMPANY  
 RCW 25.15**

Please provide UBI # 603 062 955

ENTITY NAME:

NAME OF LIMITED LIABILITY COMPANY: (as currently recorded with the Office of the Secretary of State)  
WINDERMERE SOLUTIONS, LLC

BUSINESS TYPE:

Are you changing your business type?  Yes  No (if no, continue to next section)

If yes, select the change being made:

WA PROFESSIONAL LIMITED LIABILITY COMPANY

ENTITY NAME CHANGE: Are you changing your business name?  Yes  No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved?  Yes  No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: \_\_\_\_\_

Name: MoxiWorks, LLC

DURATION: *Required only if changed* Please check ONE of the following

This Company shall have a perpetual duration  This Company shall have a duration of \_\_\_\_\_ years.

This Company shall expire on \_\_\_\_\_

Has your registered agent changed?  YES  NO If Yes, please be sure to complete page 2

**NEW REGISTERED AGENT:**

Is the Registered Agent a Commercial Registered Agent?  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Individual<br><br>_____<br>First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.) | <input type="checkbox"/> Entity<br><br>_____<br>Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.) | <input type="checkbox"/> Office or Position<br><br>_____<br>List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.) |
|---|--|--|

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

|   |  |
|---|--|
| <p><b>Registered Agent Street Address (required)</b><br/>(Must be a physical address No PO Box or PMB)</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>Zip: _____ City: _____</p> | <p><b>Registered Agent Mailing Address (optional)</b><br/><input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>Zip: _____ City: _____</p> |
|---|--|

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

|                               |                    |      |
|-------------------------------|--------------------|------|
| Signature of Registered Agent | Printed Name/Title | Date |
|-------------------------------|--------------------|------|

**PRINCIPAL OFFICE:** *Required only if changed*

**Principal Office Street Address**  
(Must be a physical address; No PO Box or PMB)

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: (optional) \_\_\_\_\_ Email: (optional) \_\_\_\_\_

**Mailing Address (optional)**

Check if mailing address is the same as street address.

Address: \_\_\_\_\_

Zip: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

**GOVERNORS:** *Required only if changed*

List at least one, attach additional pages if necessary \*An entity cannot serve as its own Governor

Name: See attached list of seven names

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**EFFECTIVE DATE:**

Date of filing  Specify a Date \_\_\_\_\_ cannot be more than 90 days following received date

**RETURN ADDRESS FOR THIS FILING:** *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

Attention to: Suzanne M. Freburg

Email: suzanne.freburg@klgates.com

Address: 925 4th Ave Ste 2900

City Seattle State WA Zip \_\_\_\_\_

**AUTHORIZED PERSON:**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

  
\_\_\_\_\_  
Signature of Authorized Person

York Baur, CEO  
\_\_\_\_\_  
Printed Name/Title

July 19th, 2019  
\_\_\_\_\_  
Date

ATTACHMENT TO  
AMENDED CERTIFICATE OF FORMATION  
OF  
WINDERMERE SOLUTIONS, LLC

Governors:

York Baur

Mark Oster

Wayne Burns

Jeff Detwiler

Howard W. Hanna

Geoff Wood

John OB Jacobi



Secretary of State  
*Tim Wynn*

Washington Secretary of State  
Corporations and Charities Division  
801 Capitol Way South  
PO Box 40234  
Olympia, WA 98504-0234  
(360) 725-0377  
[corps@sos.wa.gov](mailto:corps@sos.wa.gov)

07/19/2019

MOXIWORKS, LLC  
SUZANNE M. FREBURG  
925 4TH AVE STE 2900  
SEATTLE WA 98104-1158

**UBI Number: 603 062 955**  
**Business Name: MOXIWORKS, LLC**

Dear SUZANNE M. FREBURG,

Thank you for your recent submission. This letter is to confirm that the following documents have been received and successfully filed:

AMENDED CERTIFICATE OF FORMATION

You can view and download your filed document(s) for no charge at our website, [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs).

If you haven't already, please sign up for a user account on our website, [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs), to file online, conduct searches, and receive status updates.

Please contact our office at [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or (360) 725-0377 if you have any questions.

Sincerely,  
Corporations and Charities Division  
Office of the Secretary of State  
[www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)

TRADEMARK  
REEL: 006784 FRAME: 0628



Secretary of State  
*Tom Wyman*

Washington Secretary of State  
Corporations and Charities Division  
801 Capitol Way South  
PO Box 40234  
Olympia, WA 98504-0234  
(360) 725-0377  
[corps@sos.wa.gov](mailto:corps@sos.wa.gov)

07/19/2019

MOXIWORKS, LLC  
CORPORATION SERVICE COMPANY  
300 DESCHUTES WAY SW STE 304  
TUMWATER WA 98501

**UBI Number: 603 062 955**  
**Business Name: MOXIWORKS, LLC**

Dear CORPORATION SERVICE COMPANY,

Thank you for your recent submission. This letter is to confirm that the following documents have been received and successfully filed:

AMENDED CERTIFICATE OF FORMATION

You can view and download your filed document(s) for no charge at our website, [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs).

If you haven't already, please sign up for a user account on our website, [www.sos.wa.gov/ccfs](http://www.sos.wa.gov/ccfs), to file online, conduct searches, and receive status updates.

Please contact our office at [corps@sos.wa.gov](mailto:corps@sos.wa.gov) or (360) 725-0377 if you have any questions.

Sincerely,  
Corporations and Charities Division  
Office of the Secretary of State  
[www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)