# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM558626

SUBMISSION TYPE:	NEW ASSIGNMENT
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**NATURE OF CONVEYANCE:** CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Minnesota Best Maid Cookie Company		07/15/2005	Corporation: MINNESOTA

### **RECEIVING PARTY DATA**

Name:	Minnesota Best Maid Cookie Company, Inc.	
Street Address:	1147 Benson Street	
City:	River Falls	
State/Country:	MINNESOTA	
Postal Code:	54022	
Entity Type:	Corporation: MINNESOTA	

### **PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	2271682	RICH & SINFUL

# CORRESPONDENCE DATA

Fax Number: 2163634588

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: 2163634677

dpoirier@beneschlaw.com Email:

Duncan H. Poirier **Correspondent Name:** 

Address Line 1: Benesch Friedlander Coplan & Aronoff LLP

Address Line 2: 200 Public Square, Suite 2300

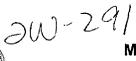
Address Line 4: Cleveland, OHIO 44114

ATTORNEY DOCKET NUMBER:	48706-10
NAME OF SUBMITTER:	Duncan H. Poirier
SIGNATURE:	/Duncan H. Poirier/
DATE SIGNED:	01/23/2020

**Total Attachments: 1** 

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**TRADEMARK** REEL: 006851 FRAME: 0749



# MINNESOTA SECRETARY OF STATE



# AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

- 1. Type or print in black ink.
- 2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
- 3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form

3. Return Completed Amendment Form and Fee to the a	address listed on the bottom of the form.
CORPORATE NAME: (List the name of the company pri	ior to any desired name change)
BEST MAID COOKIE COMPANY	
This amendment is effective on the day it is filed with the 30 days <b>after</b> filing with the Secretary of State.	e Secretary of State, unless you indicate another date, no later than
	Format (mm/dd/yyyy)
. , ,	eove corporation were adopted: (Insert full text of newly amended ed or added.) If the full text of the amendment will not fit in the

NAME CHANGE:

MINNESOTA BEST MAID COOKIE COMPANY, INC.

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

(Signature of Authorized Person)

Name and telephone number of contact person: LEO A. BESKAR

*7*15-425-7281

Please print legibly

STATE OF MINNESOTA

If you have any questions please contact the Secretary of State's office at (651)296-2803.

**RETURN TO:** Secretary of State, Business Services Division

180 State Office Bldg., 100 Rev. Dr. Martin Luther King Jr. Blvd

St. Paul, MN 55155-1299, (651)296-2803

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Make Check Payable to the "Secretary of State". Your cancelled Check is your receipt. Secretary of State

All of the information on this form is public and required in order to process this filling. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance, or political opinions or affiliations in employment or the provision of services. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/Voice. For TTY communication, contact the Minnesota Relay Sevice at 1-800-627- 3529 and ask them to place a call to (651)296-2803. bus4 Rev. 3-03

RECORDED: 01/23/2020

**TRADEMARK** REEL: 006851 FRAME: 0750