

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM564419

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900533813		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
BW Forestry Resources, LLC		08/16/2017	Limited Liability Company: DELAWARE
RECEIVING PARTY DATA			
Name:	Forestry Resources, LLC		
Street Address:	165 BROADWAY, 52ND FLOOR		
Internal Address:	BLUE WOLF CAPITAL PARTNES, ONE LIBERTY PLAZA		
City:	NEW YORK		
State/Country:	NEW YORK		
Postal Code:	10006		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	3481109	FLORIGANIC	
Registration Number:	3257518	VITA-MULCH	
Registration Number:	3195878	GOMULCH.COM	
Registration Number:	4459078	FLORIMULCH	
CORRESPONDENCE DATA			
Fax Number:	9545226507		
<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:	9547633303		
Email:	info@mhdpatents.com		
Correspondent Name:	Mark D. Bowen		
Address Line 1:	4901 NW 17th WAY, Suite 308		
Address Line 4:	Fort Lauderdale, FLORIDA 33309		
ATTORNEY DOCKET NUMBER:	15642.6705		
NAME OF SUBMITTER:	Mark D. Bowen		
SIGNATURE:	/mark d. bowen/		
DATE SIGNED:	02/28/2020		

Total Attachments: 6

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KEEP SUBMISSION DATE OF 8-16-2017

M17000005730
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170002177513))



H1700021775134BC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6353
From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000060023
Phone : (614) 260-3338
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BW FORESTRY RESOURCES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

KEEP SUBMISSION DATE OF 8-16-2017

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 23 2017
J. HARRIS

FILED
AUG 16 AM 10:16
TALLAHASSEE, FLORIDA

FILED
AUG 22 PM 3:50
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BW Forestry Resources, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth Campbell
Name of Person

Robinson, Bradshaw & Hinson, P.A.
Firm/Company

101 N. Tryon Street, Suite 1900
Address

Charlotte, NC 28246
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ecampbell@robinsonbradshaw.com at (704) 377-8170
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

850-617-6381

8/17/2017 9:50:38 AM PAGE 1/001 Fax Server



August 17, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BW FORESTRY RESOURCES, LLC
ONE LIBERTY PLAZA, 165 BROADWAY, 52ND FL
NEW YORK, NY 10006

SUBJECT: BW FORESTRY RESOURCES, LLC
REF: M17000005730

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H17000217751
Letter Number: 217A00016864

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
2017 AUG 16 AM 10:46
TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: BW Forestry Resources, LLC

Enter new principal office address, if applicable: _____

*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: _____

*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M17000005730

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 7/6/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Forestry Resources, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2017 AUG 16 AM 10:47
CLERK OF DISTRICT COURT
HARRISBURG, PENNSYLVANIA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Charles P. Miller

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 AUG 16 AM 10:47
ATLANTA, GA
SECRETARY OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
 DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BW FORESTRY
 RESOURCES, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS
 NAME TO "FORESTRY RESOURCES, LLC" ON THE FIFTEENTH DAY OF
 AUGUST, A.D. 2017, AT 10:34 O'CLOCK A.M.



Jeffrey W. Bullock
 Jeffrey W. Bullock, Secretary of State

6468359 8320
 SR# 20175745863

Authentication: 203066897
 Date: 08-16-17

You may verify this certificate online at corp.delaware.gov/authver.shtml