

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM566918

<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>
WBC Group, LLC		02/06/2020	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Boxout, LLC		
<b>Street Address:</b>	6333 Hudson Crossing Parkway		
<b>City:</b>	Hudson		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44236		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 40</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88638028		
<b>Serial Number:</b>	88638022	BOXOUT	
<b>Serial Number:</b>	88637981	BOXOUT	
<b>Serial Number:</b>	88365235	ELIVATE	
<b>Serial Number:</b>	87083130	PWR PRE-HAB WORKOUT RECOVERY	
<b>Serial Number:</b>	87083092	PWR KIT	
<b>Serial Number:</b>	87710327	RESERV	
<b>Serial Number:</b>	87706942	RESERV	
<b>Serial Number:</b>	87292090	AVID10	
<b>Registration Number:</b>	5814068	MEYERSPA	
<b>Registration Number:</b>	5723818	RESERV	
<b>Registration Number:</b>	5723817	RESERV	
<b>Registration Number:</b>	5351845	ACTIVE RECOVERY ESSENTIALS	
<b>Registration Number:</b>	5351844	ACTIVE RECOVERY ESSENTIALS	
<b>Registration Number:</b>	5486918	B BODYMED	
<b>Registration Number:</b>	5387140	B BODY SPORT	
<b>Registration Number:</b>	5052294	MEYERPT	
<b>Registration Number:</b>	5002786	PTALIGNED	
<b>Registration Number:</b>	5002785	DCALIGNED	
<b>TRADEMARK</b>			

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Property Type	Number	Word Mark
Registration Number:	4756704	ELIVATE
Registration Number:	4716142	SUPPLYING THE PRODUCTS THAT MOVE PEOPLE
Registration Number:	4716141	M
Registration Number:	4716140	MEYERDC
Registration Number:	4648323	E
Registration Number:	4587507	GEAR UP. LIVE FIT.
Registration Number:	3186476	BODY SPORT
Registration Number:	3070490	M MILLIKEN MEDICAL
Registration Number:	3065454	MEYER DISTRIBUTING COMPANY
Registration Number:	3676264	MILLIKEN MEDICAL
Registration Number:	3967413	BODYMED
Registration Number:	3820744	BODY SPORT
Registration Number:	3827242	BODY SPORT
Registration Number:	3771048	FITNESS WHOLESale
Registration Number:	2803821	MILLIKEN MEDICAL
Registration Number:	2552263	MEYER DISTRIBUTING COMPANY
Registration Number:	2301833	CHALLENGE P.R.O.
Registration Number:	2265654	BODY SPORT
Registration Number:	1955558	FITNESS WHOLESale
Registration Number:	1957523	THE SUPER SOURCE FOR FITNESS
Registration Number:	1068846	D.A.G.

**CORRESPONDENCE DATA**

Fax Number: 2165796073

*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: 2165791700

Email: ascheidler@pearne.com

Correspondent Name: Steven Solomon

Address Line 1: 1801 East 9th Street

Address Line 2: Suite 1200

Address Line 4: Cleveland, OHIO 44114

NAME OF SUBMITTER: Steven J. Solomon

SIGNATURE: /stevenjsolomon/

DATE SIGNED: 03/13/2020

**Total Attachments: 3**

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/07/2020	202003800664	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	200.00	0.00	0.00

**Receipt**

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

BAKER & HOSTETLER LLP  
DENNIS B. ANGERS  
KEY TOWER-127 PUBLIC SQUARE, STE. 2000  
CLEVELAND, OH 44114

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
980052

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

**BOXOUT, LLC**

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

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 02/06/2020

Document No(s):

**202003800664**



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  
7th day of February, A.D. 2020.

*Frank LaRose*  
Ohio Secretary of State

Form 543A Prescribed by:



Toll Free: 877.787.3453  
Central Ohio: 614.466.3910  
OhioSoS.gov  
business@OhioSoS.gov  
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43218  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43218

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)

Date of Formation  
(MM/DD/YYYY)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation  
(MM/DD/YYYY)

The undersigned authorized representative of:

Name of Limited Liability Company

Registration Number

RECEIVED  
2020 FEB -6 PM 1:38  
OHIO SECRETARY OF STATE

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:

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.

*Dennis B. Angers*  
Signature

By (if applicable)

Dennis B. Angers  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name