

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM577124

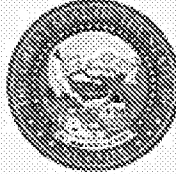
<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Kohl's, Inc.		02/18/2020	Corporation: NEVADA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	KIN, Inc.		
<b>Street Address:</b>	4340 Fox Valley Center Drive, New York Square		
<b>City:</b>	Aurora		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60504		
<b>Entity Type:</b>	Corporation: NEVADA		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88621207	HAPPITAT	
<b>Serial Number:</b>	87028392	A:GLOW	
<b>Serial Number:</b>	88621200	HAPPITAT	
<b>Serial Number:</b>	87028402	A:GLOW	
<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>Phone:</b>	262.703.2957		
<b>Email:</b>	heidi.belongia@kohls.com		
<b>Correspondent Name:</b>	KIN, Inc.		
<b>Address Line 1:</b>	4340 Fox Valley Center Drive		
<b>Address Line 2:</b>	New York Square		
<b>Address Line 4:</b>	Aurora, ILLINOIS 60504		
<b>NAME OF SUBMITTER:</b>	Heidi L. Belongia		
<b>SIGNATURE:</b>	/Heidi L. Belongia/		
<b>DATE SIGNED:</b>	05/19/2020		
<b>Total Attachments: 3</b>			
source=Kohl's, Inc. to KIN, Inc. Amendment#page1.tif			
source=Kohl's, Inc. to KIN, Inc. Amendment#page2.tif			

OP \$115.00 88621207



**BARBARA K. CEGAVSKE**  
Secretary of State

STATE OF NEVADA



OFFICE OF THE  
SECRETARY OF STATE

Commercial Recordings Division  
202 N. Carson Street  
Carson City, NV 89701  
Telephone (775) 684-5708  
Fax (775) 684-7138  
North Las Vegas City Hall  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, NV 89130  
Telephone (702) 486-2800  
Fax (702) 486-2888

**KIMBERLEY PERONDI**  
Deputy Secretary for  
Commercial Recordings

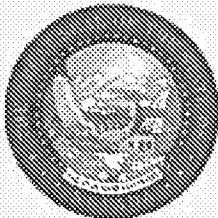
Certified Copy

2/18/2020 4:25:04 PM

Work Order Number: W2020021801742  
Reference Number: 20200487687  
Through Date: 2/18/2020 4:25:04 PM  
Corporate Name: KIN, Inc.

The undersigned filing officer hereby certifies that the attached copies are true and exact copies of all requested statements and related subsequent documentation filed with the Secretary of State's Office, Commercial Recordings Division listed on the attached report.

Document Number	Description	Number of Pages
20200486115	Amendment After Issuance of Stock	2



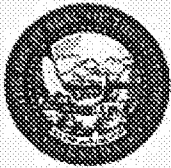
Certified By: Paul Reyes  
Certificate Number: B20200218589922  
You may verify this certificate  
online at <http://www.nvsos.gov>

Respectfully,

Handwritten signature of Barbara K. Cegavske in cursive.

BARBARA K. CEGAVSKE  
Nevada Secretary of State





BARBARA K. CEGAVSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5708  
 Website: www.nvsos.gov

**Profit Corporation:**  
**Certificate of Amendment** (PURSUANT TO NRS 78.380 & 78.385/78.390)  
**Certificate to Accompany Restated Articles or Amended and**  
**Restated Articles** (PURSUANT TO NRS 78.403)  
**Officer's Statement** (PURSUANT TO NRS 60.030)

4. Effective Date and Time: (Optional)      Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 (must not be later than 90 days after the certificate is filed)

5. Information Being Changed: (Domestic corporations only)

Changes to takes the following effect:

- The entity name has been amended.
- The registered agent has been changed. (attach Certificate of Acceptance from new registered agent)
- The purpose of the entity has been amended.
- The authorized shares have been amended.
- The directors, managers or general partners have been amended.
- IRS tax language has been added.
- Articles have been added.
- Articles have been deleted.
- Other.

The articles have been amended as follows: (provide article numbers, if available)

The name of the corporation is: KIN, Inc.

(attach additional page(s) if necessary)

6. Signature: (Required)

X Elizabeth McCright      Elizabeth McCright, VP/Secretary  
 Signature of Officer or Authorized Signer      Title

X \_\_\_\_\_      \_\_\_\_\_  
 Signature of Officer or Authorized Signer      Title

\*If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.

Please include any required or optional information in space below:  
 (attach additional page(s) if necessary)