

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM578518

<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>
LAUREN MANUFACTURING, LLC		10/01/2019	Limited Liability Company:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	COOPER-STANDARD INDUSTRIAL AND SPECIALTY GROUP, LLC		
<b>Street Address:</b>	2228 REISER AVE		
<b>City:</b>	NEW PHILADELPHIA		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44663		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	4019768	LAUREN EZ SEAL	
<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>	7145401235		
<b>Email:</b>	IPDOCKET@LW.COM, KRISTIN.AZCONA@LW.COM		
<b>Correspondent Name:</b>	LATHAM & WATKINS LLP		
<b>Address Line 1:</b>	650 TOWN CENTER DRIVE, 20TH FLOOR		
<b>Address Line 4:</b>	COSTA MESA, CALIFORNIA 92626		
<b>NAME OF SUBMITTER:</b>	KRISTIN J AZCONA		
<b>SIGNATURE:</b>	/KJA/		
<b>DATE SIGNED:</b>	05/28/2020		
<b>Total Attachments: 4</b>			
source=Lauren to Cooper-Standard Industrial and Specialty Group LLC-OH-Cert Copy of Restated Articles#page1.tif			
source=Lauren to Cooper-Standard Industrial and Specialty Group LLC-OH-Cert Copy of Restated Articles#page2.tif			
source=Lauren to Cooper-Standard Industrial and Specialty Group LLC-OH-Cert Copy of Restated Articles#page3.tif			

OP \$40.00 4019768



UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of February, A.D. 2020.

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:  
202005760510



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
07/23/2019	201920400712	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	100.00	0.00	0.00

**Receipt**

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

CT CORPORATION SYSTEM  
SETH CROSE  
4400 EASTON COMMON WAY, STE. 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
872139

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

**COOPER-STANDARD INDUSTRIAL AND SPECIALTY GROUP, LLC**

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

Document(s)

**LIMITED LIABILITY COMPANY - AMENDMENT**

Effective Date: 10/01/2019

Document No(s):

**201920400712**



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  
23rd day of July, A.D. 2019.

**Ohio Secretary of State**

Form 543A Prescribed by:

**OFFICE OF THE**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[BusServ@OhioSecretaryofState.gov](mailto:BusServ@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

Mail this form to one of the following:  
Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216  
Expedite Filing (Two business day processing time)  
Requires an additional \$100.00  
P.O. Box 1390  
Columbus, OH 43216

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)

<p>(1) Domestic Limited Liability Company</p> <p><input checked="" type="checkbox"/> Amendment (129-LAM)</p> <p><input type="text" value="05/23/1994"/></p> <p>Date of Formation (MM/DD/YYYY)</p>	<p>(2) Domestic Limited Liability Company</p> <p><input type="checkbox"/> Restatement (142-LRA)</p> <p><input type="text"/></p> <p>Date of Formation (MM/DD/YYYY)</p>
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The undersigned authorized representative of:

Name of Limited Liability Company  
  
Registration Number

RECEIVED  
SECRETARY OF STATE  
2019 JUL 22 PM 12:31  
CLIENT SERVICE CENTER

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

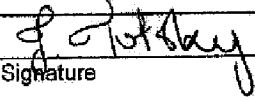
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**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.

  
Signature

By (if applicable)

Joanna M. Totsky, Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name