

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM582812

<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>
Danielle Anna Barone		06/24/2020	INDIVIDUAL:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	A. Barone		
<b>Street Address:</b>	Post Office Box 23164		
<b>City:</b>	Saint Petersburg		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33742		
<b>Entity Type:</b>	INDIVIDUAL: UNITED STATES		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5604113	CALMING BLUE	
<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>Email:</b>	healthpublishing414@gmail.com		
<b>Correspondent Name:</b>	A. Barone		
<b>Address Line 1:</b>	Post Office Box 23164		
<b>Address Line 4:</b>	Saint Petersburg, FLORIDA 33742		
<b>NAME OF SUBMITTER:</b>	Danielle Anna Barone		
<b>SIGNATURE:</b>	/Danielle Anna Barone/		
<b>DATE SIGNED:</b>	06/24/2020		
<b>Total Attachments: 0</b>			

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