

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM591533

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
County Fire Protection, LLC		05/16/2019	Limited Liability Company:
RECEIVING PARTY DATA			
Name:	CertaSite, LLC		
Street Address:	4620 Crystal Parkway		
City:	Kent		
State/Country:	OHIO		
Postal Code:	44240		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	88323986	CERTASITE	
CORRESPONDENCE DATA			
Fax Number:	2165790212		
<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:	(216) 586-7149		
Email:	agott@jonesday.com		
Correspondent Name:	Angela R. Gott, Jones Day		
Address Line 1:	901 Lakeside Avenue		
Address Line 2:	North Point		
Address Line 4:	Cleveland, OHIO 44114-1190		
ATTORNEY DOCKET NUMBER:	560255671005		
NAME OF SUBMITTER:	Angela R. Gott		
SIGNATURE:	/Angela R. Gott/		
DATE SIGNED:	08/12/2020		
Total Attachments: 3			
source=County Fire Protection - Name Change#page1.tif			
source=County Fire Protection - Name Change#page2.tif			
source=County Fire Protection - Name Change#page3.tif			

CH \$40.00 88323986



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
05/17/2019	201913700580	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	5.00	0.00

Receipt

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

CT CORPORATION SYSTEM
ATTN: SETH GROSE
4400 EASTON COMMONS WAY STE 125
COLUMBUS, OH 43219

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
1333514

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

CERTASITE, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 05/16/2019

Document No(s):

201913700580



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
17th day of May, A.D. 2019.

Frank LaRose
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
Busseerv@OhioSecretaryofState.gov
File online or for more information: 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)

(1) Domestic Limited Liability Company
 Amendment (129-LAM)

08/07/2002
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:

County Fire Protection, LLC
Name of Limited Liability Company

1333514
Registration Number

RECEIVED
OHIO SECRETARY OF STATE
2019 MAY 16 PM 12: 22
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:

CertaSite, LLC

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.

[Handwritten Signature]

Signature

By (if applicable)

John McKernan

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name