

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM619848

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
KENT SPORTING GOODS COMPANY, INC.		12/31/2019	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	KENT WATER SPORTS, LLC		
<b>Street Address:</b>	433 PARK AVENUE SOUTH		
<b>City:</b>	NEW LONDON		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44851		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 5</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88937949	FT	
<b>Registration Number:</b>	2377830	BLINDSIDE	
<b>Registration Number:</b>	3670772	FULL THROTTLE	
<b>Registration Number:</b>	1685802	FULL THROTTLE	
<b>Registration Number:</b>	2056024	KIDDER	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2126983599		
<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>	2126983500		
<b>Email:</b>	patents@dechert.com		
<b>Correspondent Name:</b>	DECHERT LLP		
<b>Address Line 1:</b>	THREE BRYANT PARK		
<b>Address Line 2:</b>	1095 AVENUE OF THE AMERICAS		
<b>Address Line 4:</b>	NEW YORK, NEW YORK 10036		
<b>NAME OF SUBMITTER:</b>	Thomas A. Rayski		
<b>SIGNATURE:</b>	/Thomas A. Rayski/		
<b>DATE SIGNED:</b>	01/12/2021		
<b>Total Attachments: 4</b>			

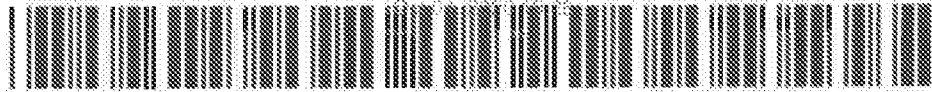
CH \$140.00 88937949

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/07/2020	201936102218	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00

**Receipt**

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

CRITCHFIELD, CRITCHFIELD & JOHNSTON, LTD.  
4996 FOOTE ROAD  
MEDINA , OH 44256

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
583761**

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

**KENT WATER SPORTS, LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: **12/31/2019**

Document No(s):

**201936102218**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.



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 January, A.D. 2020.

*Frank LaRose*  
Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910  
OhioSoS.gov | business@OhioSoS.gov  
File online or for more information: OhioBusinessCentral.gov

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

**Filing Fee: \$99**  
**Form Must Be Typed**

(CHECK ONLY ONE (1) BOX)

(1)  **Converting Within The Records of the Ohio Secretary of State**

(2)  **Converting Off The Records of the Ohio Secretary of State (187-VXX)**

Name of the converting entity	KENT SPORTING GOODS COMPANY, INC.
Jurisdiction of Formation	OHIO
Charter/Registration Number	583761

The converting entity is a:  
(Check Only (1) One Box)

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic Nonprofit Corporation                | <input type="checkbox"/> Partnership                            |
| <input checked="" type="checkbox"/> Domestic For-Profit Corporation    | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Foreign Nonprofit Corporation                 | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Foreign For-Profit Corporation                | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company  | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company   |   |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company |   |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company  |   |

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
**(Check Only (1) One Box)**

Domestic For-Profit Corporation  
 Domestic Professional Association  
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation  
 Foreign For-Profit Corporation  
 Domestic Nonprofit Limited Liability Company  
 Foreign Nonprofit Limited Liability Company  
 Domestic For-Profit Limited Liability Company  
 Foreign For-Profit Limited Liability Company

Partnership  
 Domestic Limited Partnership  
 Foreign Limited Partnership  
 Domestic Limited Liability Partnership  
 Foreign Limited Liability Partnership

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City State Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State ZIP Code

**See instructions for additional filing requirements if**

(1) the conversion creates a new domestic entity,  
 (2) the converted entity is a foreign entity that desires to transact business in Ohio; or  
 (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

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 an  
authorized representative.

/s/ John A. Clark  
Signature

By (if applicable)

John A. Clark, Secretary  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name