

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM637269

<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>
Oe Designwerx, Inc.		12/31/2020	Corporation: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Oe Designwerx, Inc.		
<b>Street Address:</b>	401 Ryland St., Ste. 200-A		
<b>City:</b>	Reno		
<b>State/Country:</b>	NEVADA		
<b>Postal Code:</b>	89502		
<b>Entity Type:</b>	Corporation: NEVADA		
<b>PROPERTY NUMBERS Total: 10</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88284922	LEORÊVER	
<b>Serial Number:</b>	88203202	LEORÊVER	
<b>Serial Number:</b>	87444748	LEOMICCI	
<b>Serial Number:</b>	86926133	LEOMICCI	
<b>Serial Number:</b>	86983495	LEOMICCI	
<b>Serial Number:</b>	86702516	TRIXI	
<b>Serial Number:</b>	86605920		
<b>Serial Number:</b>	86352985	MIKELANJA	
<b>Registration Number:</b>	4731945	THEGLUV ATHLETIQUE	
<b>Registration Number:</b>	4618069	G	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	9492668680		
<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>	9495150003		
<b>Email:</b>	adwight@dwrightlawgroup.com		
<b>Correspondent Name:</b>	Amanda V. Dwight		
<b>Address Line 1:</b>	2603 Main Street, Suite 200		
<b>Address Line 4:</b>	Irvine, CALIFORNIA 92614		

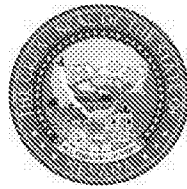
OP \$265.00 88284922

<b>NAME OF SUBMITTER:</b>	Amanda V. Dwight
<b>SIGNATURE:</b>	/amanda dwight/
<b>DATE SIGNED:</b>	04/06/2021
<b>Total Attachments: 10</b> source=OE Designwerx - Articles of Domestication CA to NV#page1.tif source=OE Designwerx - Articles of Domestication CA to NV#page2.tif source=OE Designwerx - Articles of Domestication CA to NV#page3.tif source=OE Designwerx - Articles of Domestication CA to NV#page4.tif source=OE Designwerx - Articles of Domestication CA to NV#page5.tif source=OE Designwerx - Articles of Domestication CA to NV#page6.tif source=OE Designwerx - Articles of Domestication CA to NV#page7.tif source=OE Designwerx - Articles of Domestication CA to NV#page8.tif source=OE Designwerx - Articles of Domestication CA to NV#page9.tif source=OE Designwerx - Articles of Domestication CA to NV#page10.tif	

STATE OF NEVADA

**BARBARA K. CEGAVSKE**

*Secretary of State*



**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 89030*

*Telephone (702) 486-2880*

*Fax (702) 486-2888*

**KIMBERLEY PERONDI**

*Deputy Secretary for*

*Commercial Recordings*

**Business Entity - Filing Acknowledgement**

01/12/2021

**Work Order Item Number:** W2020123103157-1034979  
**Filing Number:** 20211159471  
**Filing Type:** Articles of Incorporation-For-Profit  
**Filing Date/Time:** 12/31/2020 12:24:00 PM  
**Filing Page(s):** 3

**Indexed Entity Information:**

**Entity ID:** E11594722021-8

**Entity Name:** OE DESIGNWERX, INC.

**Entity Status:** Active

**Expiration Date:** None

Commercial Registered Agent

Registered Agents Inc.

401 RYLAND ST., STE 200-A, Reno, NV 89502, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

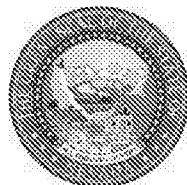
BARBARA K. CEGAVSKE

Secretary of State

STATE OF NEVADA

**BARBARA K. CEGAVSKE**

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**KIMBERLEY PERONDI**

*Deputy Secretary for*

*Commercial Recordings*

**OFFICE OF THE  
SECRETARY OF STATE**

**Business Entity - Filing Acknowledgement**

01/12/2021

**Work Order Item Number:** W2020123103157-1034980

**Filing Number:** 20211159483

**Filing Type:** Initial List

**Filing Date/Time:** 12/31/2020 12:24:00 PM

**Filing Page(s):** 2

**Indexed Entity Information:**

**Entity ID:** E11594722021-8

**Entity Name:** OE DESIGNWERX, INC.

**Entity Status:** Active

**Expiration Date:** None

Commercial Registered Agent

Registered Agents Inc.

401 RYLAND ST., STE 200-A, Reno, NV 89502, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

BARBARA K. CEGAVSKE

Secretary of State

SECRETARY OF STATE



**NEVADA STATE BUSINESS LICENSE**

**OE DESIGNWERX, INC.**

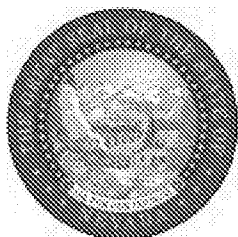
**Nevada Business Identification # NV20211988628**

**Expiration Date: 12/31/2021**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/12/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

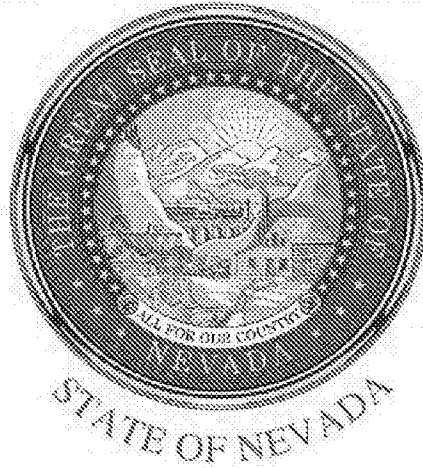
Certificate Number: B202101121345062

You may verify this certificate  
online at <http://www.nvsos.gov>

TRADEMARK

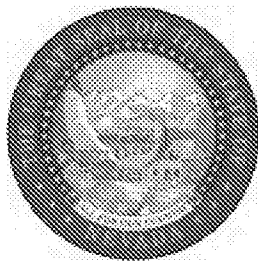
REEL: 007247 FRAME: 0527

SECRETARY OF STATE



## DOMESTIC CORPORATION (78) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **OE DESIGNWERX, INC.** did, on 12/31/2020, file in this office the original ARTICLES OF INCORPORATION-FOR-PROFIT that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/12/2021.

*Barbara K. Cegavske*

BARBARA K. CEGAVSKE  
Secretary of State

Certificate  
Number: B202101121345045  
You may verify this certificate  
online at <http://www.nvsos.gov>





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

**Formation -  
 Profit Corporation**  
 Continued, Page 2

<b>6. Benefit Corporation:</b> <small>(For NRS 78, NRS 78A, and NRS 89, optional. See instructions.)</small>	By selecting "Yes" you are indicating that the corporation is organized as a benefit corporation pursuant to NRS Chapter 78B with a purpose of creating a general or specific public benefit. The purpose for which the benefit corporation is created must be disclosed in the below purpose field.	Yes <input type="checkbox"/>								
<b>7. Purpose/Profession to be practiced:</b> <small>(Required for NRS 80, NRS 89 and any entity selecting Benefit Corporation. See instructions.)</small>										
<b>8. Authorized Shares:</b> <small>(Number of shares corporation is authorized to issue)</small>	Number of Authorized shares with Par value: _____ Par value: \$ _____ Number of Common shares with Par value: _____ Par value: \$ _____ Number of Preferred shares with Par value: _____ Par value: \$ _____ Number of shares with no par value: <u>1,000,000</u> <small>If more than one class or series of stock is authorized, please attach the information on an additional sheet of paper.</small>									
<b>9. Name and Signature of: Officer making the statement or Authorized Signer for NRS 80.</b>  <small>Name, Address and Signature of the Incorporator for NRS 76, 78A, and 89. NRS 89 - Each Organizer/Incorporator must be a licensed professional.</small>	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Jonathan Oe</td> <td style="border: 1px solid black; padding: 2px; width: 150px;">USA</td> </tr> <tr> <td style="font-size: small;">Name</td> <td style="font-size: small;">Country</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">401 Ryland St., STE 200-A</td> <td style="border: 1px solid black; padding: 2px;">Reno NV 89502</td> </tr> <tr> <td style="font-size: small;">Address</td> <td style="font-size: small;">City State Zip/Postal Code</td> </tr> </table> <div style="margin-top: 10px;"> <span style="font-size: 2em; font-family: cursive;">X</span> </div> <p style="text-align: right; font-size: small;">(attach additional page if necessary)</p>		Jonathan Oe	USA	Name	Country	401 Ryland St., STE 200-A	Reno NV 89502	Address	City State Zip/Postal Code
Jonathan Oe	USA									
Name	Country									
401 Ryland St., STE 200-A	Reno NV 89502									
Address	City State Zip/Postal Code									

**AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING**

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

*This form must be accompanied by appropriate fees.*





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

## Registered Agent Acceptance/Statement of Change

(PURSUANT TO NRS 77.310, 77.340, 77.350, 77.380)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

<b>1. Entity Information:</b>	Name of represented entity: <input style="width: 100%;" type="text" value="OE DESIGNWERX, INC."/> Entity or Nevada Business Identification Number (NVID): (for entities currently on file) <input style="width: 150px;" type="text"/>																
<b>2. Registered Agent Acceptance:</b>	<input checked="" type="checkbox"/> Registered Agent Acceptance																
<b>3. Information Being Changed:</b>	Statement of Change takes the following effect: (select only one) <input type="checkbox"/> Appoints New Agent (complete section 5) <input type="checkbox"/> Update Represented Entity Acting as Registered Agent (complete sections 5) <input type="checkbox"/> Update Registered Agent Name (complete sections 4 & 5) <input type="checkbox"/> Update Registered Agent Address (complete sections 4 & 5)																
<b>4. Registered Agent Information Before the Change: (Non-commercial registered agents ONLY)</b>	<input style="width: 100%;" type="text"/> Name of Registered Agent OR Title of Office or Position with Entity <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 60%;" type="text"/></td> <td style="border: none; text-align: right;">Nevada</td> <td style="border: none;"><input style="width: 100px;" type="text"/></td> </tr> <tr> <td style="border: none;">Street Address</td> <td style="border: none; text-align: center;">City</td> <td style="border: none; text-align: right;">Zip Code</td> </tr> <tr> <td style="border: none;"><input style="width: 60%;" type="text"/></td> <td style="border: none; text-align: center;"><input style="width: 100px;" type="text"/></td> <td style="border: none; text-align: right;">Nevada</td> </tr> <tr> <td style="border: none;">Mailing Address (if different from street address)</td> <td style="border: none; text-align: center;">City</td> <td style="border: none; text-align: right;">Zip Code</td> </tr> </table>	<input style="width: 60%;" type="text"/>	Nevada	<input style="width: 100px;" type="text"/>	Street Address	City	Zip Code	<input style="width: 60%;" type="text"/>	<input style="width: 100px;" type="text"/>	Nevada	Mailing Address (if different from street address)	City	Zip Code				
<input style="width: 60%;" type="text"/>	Nevada	<input style="width: 100px;" type="text"/>															
Street Address	City	Zip Code															
<input style="width: 60%;" type="text"/>	<input style="width: 100px;" type="text"/>	Nevada															
Mailing Address (if different from street address)	City	Zip Code															
<b>5. Newly Appointed Registered Agent or Registered Agent Information After the Change:</b>	<input checked="" type="checkbox"/> Commercial Registered Agent (name only below) <input type="checkbox"/> Noncommercial Registered Agent (name and address below) <input type="checkbox"/> Office or Position with Entity (title or position and address below) <input style="width: 100%;" type="text"/> Registered Agents Inc. Name of Registered Agent OR Title of Office or Position within Entity <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input style="width: 60%;" type="text" value="401 Ryland St. STE 200-A"/></td> <td style="border: none; text-align: center;">Reno</td> <td style="border: none; text-align: right;">Nevada</td> <td style="border: none;"><input style="width: 100px;" type="text" value="89502"/></td> </tr> <tr> <td style="border: none;">Street Address</td> <td style="border: none; text-align: center;">City</td> <td style="border: none; text-align: right;">Nevada</td> <td style="border: none; text-align: right;">Zip Code</td> </tr> <tr> <td style="border: none;"><input style="width: 60%;" type="text" value="401 Ryland St. STE 200-A"/></td> <td style="border: none; text-align: center;">Reno</td> <td style="border: none; text-align: right;">Nevada</td> <td style="border: none; text-align: right;"><input style="width: 100px;" type="text" value="89502"/></td> </tr> <tr> <td style="border: none;">Mailing Address (if different from street address)</td> <td style="border: none; text-align: center;">City</td> <td style="border: none; text-align: right;">Nevada</td> <td style="border: none; text-align: right;">Zip Code</td> </tr> </table>	<input style="width: 60%;" type="text" value="401 Ryland St. STE 200-A"/>	Reno	Nevada	<input style="width: 100px;" type="text" value="89502"/>	Street Address	City	Nevada	Zip Code	<input style="width: 60%;" type="text" value="401 Ryland St. STE 200-A"/>	Reno	Nevada	<input style="width: 100px;" type="text" value="89502"/>	Mailing Address (if different from street address)	City	Nevada	Zip Code
<input style="width: 60%;" type="text" value="401 Ryland St. STE 200-A"/>	Reno	Nevada	<input style="width: 100px;" type="text" value="89502"/>														
Street Address	City	Nevada	Zip Code														
<input style="width: 60%;" type="text" value="401 Ryland St. STE 200-A"/>	Reno	Nevada	<input style="width: 100px;" type="text" value="89502"/>														
Mailing Address (if different from street address)	City	Nevada	Zip Code														
<b>6. Electronic Notification: (Optional)</b>	Email address for electronic notifications for "Non-Commercial" or "Office or Positions with Entity" registered agents only: <input style="width: 100%;" type="text"/>																
<b>7. Certificate of Acceptance of Appointment of Registered Agent: (Required)</b>	<p style="text-align: center;"><i>I hereby accept appointment as Registered Agent for the above named Entity.</i></p> <p>X <u>Bee Home</u> <span style="float: right;"><input style="width: 100px;" type="text" value="12/28/2020"/></span>          Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity <span style="float: right;">Date</span></p>																
<b>8. Signature of Represented Entity: (Required)</b>	<p>X <u>[Signature]</u> <span style="float: right;"><input style="width: 100px;" type="text" value="12/31/2020"/></span>          Authorized Signature On Behalf of the Entity <span style="float: right;">Date</span></p>																

FEE: \$60.00

This form must be accompanied by appropriate fees.

Page 1 of 1  
 Revised: 1/1/2019



**BARBARA K. CEGAVSKE**  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-6708  
 Website: [www.nvsos.gov](http://www.nvsos.gov)  
[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

# Initial List and State Business License Application

**Initial List of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:**

OE DESIGNWERX, INC.

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

**IMPORTANT:** Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- Corporation
  - This corporation is publicly traded, the Central Index Key number is:
- Nonprofit Corporation (see nonprofit sections below)
- Limited-Liability Company
- Limited Partnership
- Limited-Liability Partnership
- Limited-Liability Limited Partnership (If formed at the same time as the Limited Partnership)
- Business Trust

Filed in the Office of <i>Barbara K. Cegavske</i> Secretary of State State Of Nevada	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Business Number</td><td>E11594722021-8</td></tr> <tr><td>Filing Number</td><td>20211159483</td></tr> <tr><td>Filed On</td><td>12/31/2020 12:24:00 PM</td></tr> <tr><td>Number of Pages</td><td>2</td></tr> </table>	Business Number	E11594722021-8	Filing Number	20211159483	Filed On	12/31/2020 12:24:00 PM	Number of Pages	2
Business Number	E11594722021-8								
Filing Number	20211159483								
Filed On	12/31/2020 12:24:00 PM								
Number of Pages	2								

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- 001 - Governmental Entity
- 006 - NRS 880B.020 Insurance Co. provide license or certificate of authority number

**For nonprofit entities formed under NRS Chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

- Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.  
Exemption code 002

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- Unit-owners' Association
- Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. § 501(c)

**For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

- No -- no additional form is required
- Yes -- the "Charitable Solicitation Registration Statement" is required.
- The Organization claims exemption pursuant to NRS 82A.210 - the "Exemption From Charitable Solicitation Registration Statement" is required

**\*\* Failure to include the required statement form will result in rejection of the filing and could result in late fees.\*\***



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 Secretary of State  
 262 North Carson Street  
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[www.nvsilverflume.gov](http://www.nvsilverflume.gov)

**Initial List and State  
 Business License  
 Application - Continued**

**Officers, Managers, Members, General Partners, Managing Partners or Trustees:**

CORPORATION, INDICATE THE <u>PRESIDENT</u> , OR EQUIVALENT OF:		Title: <u>President</u>	
<u>Jonathan Oe</u>		<u>USA</u>	
Name		Country	
<u>401 Ryland St., STE 200-A</u>	<u>Reno</u>	<u>NV</u>	<u>89502</u>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>SECRETARY</u> , OR EQUIVALENT OF:		Title: <u>Secretary</u>	
<u>Atsuko Oe</u>		<u>USA</u>	
Name		Country	
<u>401 Ryland St., STE 200-A</u>	<u>Reno</u>	<u>NV</u>	<u>89502</u>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>TREASURER</u> , OR EQUIVALENT OF:		Title: <u>Treasurer</u>	
<u>Jonathan Oe</u>		<u>USA</u>	
Name		Country	
<u>401 Ryland St., STE 200-A</u>	<u>Reno</u>	<u>NV</u>	<u>89502</u>
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>DIRECTOR</u> :			
<u>Jonathan Oe</u>		<u>USA</u>	
Name		Country	
<u>401 Ryland St., STE 200-A</u>	<u>Reno</u>	<u>NV</u>	<u>89502</u>
Address	City	State	Zip/Postal Code

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

x [Signature]

Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer FORM WILL BE RETURNED IF UNSIGNED.

President Title      12/31/2020 Date



BARBARA K. CEGAUSKE  
 Secretary of State  
 202 North Carson Street  
 Carson City, Nevada 89701-4201  
 (775) 684-5788  
 Website: [www.nvsos.gov](http://www.nvsos.gov)

Filed in the Office of <i>Barbara K. Cegauske</i>	Business Number E11594722021-8
Secretary of State State Of Nevada	Filing Number 20211159496
	Filed On 12/31/2020 12:24:00 PM
	Number of Pages 7

# Articles of Domestication

(PURSUANT TO NRS 92A.270)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

**INSTRUCTIONS:**

1. Enter the name and type of Domestic entity as set forth in its charter documents.
2. Entity name prior to domestication.
3. Enter original filing date and jurisdiction of un-domesticated entity.
4. Jurisdiction that constituted the principal place of business of the un-domesticated organization, see below.
5. SIGNATURE(S): Must be signed by Authorized Signer. Form will be returned if unsigned.
6. The filing must be submitted with the following:
  - The appropriate formation document for the type of domestic entity.
  - A certified copy of the charter document, or the equivalent, if any, of the undomesticated organization.
  - A certificate of good standing, or the equivalent, from the jurisdiction where the undomesticated organization was chartered immediately before filing the articles of domestication (within 90 days).
7. If the foreign undomesticated entity is on file a cancellation/dissolution will need to be submitted with the appropriate fees.
8. If the name of the domesticating entity is not available a notarized name consent will need to be submitted.

1. Domestic Entity Information:	Name of Domestic Entity as set forth in its Charter Documents: <u>OE DESIGNWERX, INC.</u>  Type of Domestic Entity as set forth in its Charter Documents: <u>"S" Corporation</u>
2. Prior Name:	Entity Name Before Filing Articles of Domestication: <u>OE DESIGNWERX, INC.</u>
3. Original Filing Date and jurisdiction:	Original Jurisdiction of Formation: <u>State of California</u>  Original File Date: <u>November 5, 2012</u>
4. Jurisdiction:	Jurisdiction that constituted the principal place of business or central administration of the undomesticated organization, or any other equivalent thereto pursuant to applicable law, immediately before filing the articles of domestication.  <u>State of California</u>
5. Signature: (Required)	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <input checked="" type="checkbox"/>             Signature         </div> <div style="text-align: center;"> <input type="text" value="12/31/2020"/>            Date         </div> </div>

This form must be accompanied by appropriate fees.