

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM680452

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900647234		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Phoenix Gaming Supply, LLC		09/21/2021	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	Lancaster Bingo Company, LLC		
Street Address:	9900 Clinton Road		
City:	Brooklyn		
State/Country:	OHIO		
Postal Code:	44144		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	5936646	LANCASTER BINGO COMPANY WE MAKE WINNINGE	
Registration Number:	5936645	LANCASTER BINGO COMPANY	
Registration Number:	2492426	LBC INC THE BINGO STORE ON WHEELS	
Registration Number:	2482262	THE BINGO STORE ON WHEELS	
Registration Number:	2233095	INSTANT 13'S	
CORRESPONDENCE DATA			
Fax Number:			
<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>			
Email:	aprilwhite@paulhastings.com		
Correspondent Name:	Paul Hastings LLP		
Address Line 1:	4747 Executive Dr. 12th Floor		
Address Line 4:	San Diego, CALIFORNIA 92121		
ATTORNEY DOCKET NUMBER:	99270.00004		
NAME OF SUBMITTER:	April White		
SIGNATURE:	/April White/		
DATE SIGNED:	10/12/2021		

Total Attachments: 4

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Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

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)

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:

Name of Limited Liability Company

Registration Number

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.

/s/ Jennifer L. Gehrlein

Signature

By (if applicable)

Jennifer L. Gehrlein

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name