

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM706633

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Emerging Entertainment, LLC		04/28/2021	Limited Liability Company:
RECEIVING PARTY DATA			
Name:	Otherworld Columbus, LLC		
Street Address:	25 E. FRANKFORT STREET		
City:	COLUMBUS		
State/Country:	OHIO		
Postal Code:	43206		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	6182569	OTHER WORLD	
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>			
Phone:	4192416000		
Email:	ipdocketing@eastmansmith.com		
Correspondent Name:	Carrie A. Johnson		
Address Line 1:	P.O. Box 10032		
Address Line 4:	Toledo, OHIO 43699		
NAME OF SUBMITTER:	Carrie A. Johnson		
SIGNATURE:	/Carrie A. Johnson/		
DATE SIGNED:	02/04/2022		
Total Attachments: 3			
source=Ohio Secretary of State 4-28-2021 Restatement Articles of Organization#page1.tif			
source=Ohio Secretary of State 4-28-2021 Restatement Articles of Organization#page2.tif			
source=Ohio Secretary of State 4-28-2021 Restatement Articles of Organization#page3.tif			

OP \$40.00 6182569

Form 543A 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

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

Any purpose or purposes for which individuals lawfully may associate themselves under applicable Ohio law

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.

Jordan C. Renda

Signature

By (if applicable)

Jordan C. Renda

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name