

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM717966

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Mustad Hoofcare Center, Inc.		05/05/2021	Corporation: CONNECTICUT
RECEIVING PARTY DATA			
Name:	Mustad USA, Inc.		
Street Address:	907 SW 15th Street		
City:	Forest Lake		
State/Country:	MINNESOTA		
Postal Code:	55025		
Entity Type:	Corporation: CONNECTICUT		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2172627	DELTA	
CORRESPONDENCE DATA			
Fax Number:	9136479057		
<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:	9136479050		
Email:	tmdocketing.burbach@hoveywilliams.com		
Correspondent Name:	Cheryl L. Burbach		
Address Line 1:	10801 Mastin Blvd., Suite 1000		
Address Line 4:	Overland Park, KANSAS 66210		
NAME OF SUBMITTER:	Cheryl L. Burbach		
SIGNATURE:	/Cheryl L. Burbach/		
DATE SIGNED:	03/31/2022		
Total Attachments: 2			
source=Certificate of Amendment_CT_Mustad USA, Inc#page1.tif			
source=Certificate of Amendment_CT_Mustad USA, Inc#page2.tif			

CH \$40.00 2172627



**Secretary of the
State of Connecticut**

PHONE: 860-565-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov

FILING #0007324843 PG 01 OF 02 VOL B-02655
FILED 05/05/2021 12:00 PM PAGE 01975
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

**CERTIFICATE OF AMENDMENT
STOCK CORPORATION**

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

<p>FILING PARTY <i>(confirmation will be sent to this address):</i></p> <p>NAME: Gary S. Hammersmith</p> <p>ADDRESS: McElroy, Deutsch, Mulvaney & Carpenter, L.L.P. One State Street, 14th Floor</p> <p>CITY: Hartford</p> <p>STATE: Connecticut ZIP: 06103</p>	<p>FILING FEE: \$100.00</p> <p><i>Make checks payable to "Secretary of the State"</i></p>
<p>1. NAME OF CORPORATION <i>(required)</i> <i>(must exactly match the name on record with our office, including the business designation, (e.g., Inc., Corp, Corporation, etc):</i></p> <p>Mustad Hoofcare Center Inc.</p>	
<p>2. STATEMENT OF AMENDMENT <i>(required)</i> <i>(check only one of the following statements, 2A, 2B, or 2C)</i></p>	
<p>THE CERTIFICATE OF INCORPORATION IS:</p> <p><input checked="" type="checkbox"/> 2A AMENDED ONLY. <i>In section 3A below, provide the full text of any amendments to the corporation's certificate of incorporation, including any name changes.</i></p> <p><input type="checkbox"/> 2B AMENDED AND RESTATED. <i>In section 3A below, provide the full text of each amendment and attach a complete restatement of the corporation's certificate of incorporation, incorporating the amendments.</i></p> <p><input type="checkbox"/> 2C RESTATED. <i>Attach one document consolidating all previous amendments into the corporation's Certificate of Incorporation.</i></p>	
<p>3. CHECK THE BOX 3A, 3B ON THE NEXT PAGE, OR BOTH, AS APPLICABLE</p>	
<p><input checked="" type="checkbox"/> 3A TEXT OF AMENDMENTS / SPECIFIC PUBLIC BENEFITS <i>(If electing Benefit Corporation status in Section 3B on the next page, provide the text of the specific public benefits here, if any.)</i></p> <p style="margin-top: 20px;">"The name of the Corporation is Mustad USA, Inc."</p> <p style="margin-top: 20px;"><input type="checkbox"/> <i>check box if additional pages are attached</i></p>	

OFFICE USE ONLY
(tab)

3B. STATEMENT ELECTING BENEFIT CORPORATION STATUS
(Must check box 3B to elect benefit corporation status)

The corporation elects to be a Benefit Corporation. In addition to the stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act.

NOTE: If the Benefit Corporation adopts one or more specific public benefits in addition to the required general public benefit, check box 3A in addition to 3B, and set forth the specific public benefits in the space provided for in section 3A above.

4. STATEMENT OF APPROVAL (required) *(must check the box for only one statement, 4A, 4B, 4C or 4D)*

4A THE AMENDMENT WAS APPROVED BY SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-898 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.

4B THE AMENDMENT WAS APPROVED BY THE INCORPORATORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.

4C THE AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.

4D THE AMENDMENT WAS APPROVED BY A MINIMUM STATUS VOTE, AS REQUIRED BY THE CONNECTICUT BENEFIT CORPORATION ACT. SELECT D IF A MINIMUM STATUS VOTE RESULTED IN THE ELECTION OF BENEFIT CORPORATION STATUS.

5. EXECUTION/SIGNATURE (required) *(subject to penalty of false statement)*

DATE (mm/dd/yyyy): 03 / 08 / 2021

NAME OF SIGNATORY <i>(print or type)</i>	CAPACITY/TITLE OF SIGNATORY <i>(print or type)</i>	SIGNATURE
Hans Mustad	President	