

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM749650

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>RESUBMIT DOCUMENT ID:</b>	900694361		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
LYB Premix LLC	FORMERLY Premix, Inc.	02/15/2022	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	LyondellBasell Composites LLC		
<b>Street Address:</b>	1221 McKinney Street		
<b>Internal Address:</b>	Suite 300		
<b>City:</b>	Houston		
<b>State/Country:</b>	TEXAS		
<b>Postal Code:</b>	77010		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	0933714	PREMI-GLAS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>Email:</b>	chiustm@ladas.net		
<b>Correspondent Name:</b>	Yi Yang		
<b>Address Line 1:</b>	224 S Michigan Ave, Suite 1600		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60604		
<b>ATTORNEY DOCKET NUMBER:</b>	4T15675287		
<b>NAME OF SUBMITTER:</b>	08/18/2022		
<b>SIGNATURE:</b>	/Yi Yang/		
<b>DATE SIGNED:</b>	08/18/2022		
<b>Total Attachments: 4</b>			
source=Step 2 Certificate of Change of Name#page1.tif			
source=Step 2 Certificate of Change of Name#page2.tif			
source=Step 2 Certificate of Change of Name#page3.tif			



UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of February, A.D. 2022.*

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:  
202204901752



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/16/2022	202204603548	OHIO LLC - AMENDMENT (LAM)	50.00	200.00	0.00	0.00

**Receipt**

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

CT CORPORATION SYSTEM  
ATTN: JAMES H TANKS III  
4400 EASTON COMMONS WAY, SUITE 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**

**283197**

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

**LYONDELLBASELL COMPOSITES LLC**

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

Document(s)

**OHIO LLC - AMENDMENT**

Document No(s):

**202204603548**

Effective Date: **02/15/2022**



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  
16th day of February, A.D. 2022.

**Ohio Secretary of State**



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

Mail this form to one of the following:  
Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

For screen readers, follow instructions located at this path.

**Domestic Limited Liability Company Certificate of  
Amendment or Restatement**  
Filing Fee: \$50  
Form Must Be Typed

2022 FEB 15 AM 11:24

(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.

DocuSigned by:  
*Emily Korinek*  
6578EE69E3CF4F5...  
Signature

[Signature box]

By (if applicable)

Emily D. Korinek

Print Name

[Signature box]

Signature

[Signature box]

By (if applicable)

[Signature box]

Print Name

[Signature box]

Signature

[Signature box]

By (if applicable)

[Signature box]

Print Name