

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM769794

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Amir, Inc.		08/18/2022	Corporation: MINNESOTA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	United Hair Care, Inc.		
<b>Street Address:</b>	1325 Eagandale Ct		
<b>Internal Address:</b>	Suite 110		
<b>City:</b>	Eagan		
<b>State/Country:</b>	MINNESOTA		
<b>Postal Code:</b>	55121		
<b>Entity Type:</b>	Corporation: MINNESOTA		
<b>PROPERTY NUMBERS Total: 39</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	6784873	TAN INCORPORATED	
<b>Serial Number:</b>	90681049	FADE EFFECT	
<b>Serial Number:</b>	88487921	EVERYTHING SPRAY	
<b>Registration Number:</b>	6761163	DARK STAR	
<b>Registration Number:</b>	6343277	THE POTTED PLANT	
<b>Registration Number:</b>	6283622	ETERNAL YOUTH	
<b>Registration Number:</b>	5950989	HULA HOTTIE	
<b>Registration Number:</b>	5950988	PINK KONA COLADA	
<b>Registration Number:</b>	5922966	BLACK CHOCOLATE	
<b>Registration Number:</b>	5922965	BLACK HAWAIIAN HONEY	
<b>Registration Number:</b>	5881128	ALURAM	
<b>Registration Number:</b>	5209240	AMIR	
<b>Registration Number:</b>	5950934	LUAU BLACK	
<b>Registration Number:</b>	5950933	BLACK AGAVE ESPECIAL	
<b>Registration Number:</b>	5645071	COLOR FLING	
<b>Registration Number:</b>	5639216	TRES CHIC	
<b>Registration Number:</b>	5575846	KERACHROMA	
<b>Registration Number:</b>	5313587	COLOR + CLENDITIONER	

OP \$990.00 6784873

Property Type	Number	Word Mark
Registration Number:	5269807	STAGES
Registration Number:	5124073	MIDNIGHT BLACK
Registration Number:	4906184	LUAU
Registration Number:	4860647	CLENDITIONER
Registration Number:	4484967	FLASH BLACK
Registration Number:	5448994	STATUS
Registration Number:	5138573	BOND COMPLEX GIRL
Registration Number:	5092570	SHOT THERAPY
Registration Number:	5091972	BLACK MOCHA
Registration Number:	5042761	#ESCAPEPLAN
Registration Number:	5033136	#KICKBRASS
Registration Number:	5033135	#FADED
Registration Number:	4388593	KERACOLOR
Registration Number:	4373382	KRYSTAL WATER COMPLEX
Registration Number:	3424639	ETERNAL YOUTH
Registration Number:	3332646	TAN ASZ U
Registration Number:	3110261	BROWN SUGAR PRINCESS
Registration Number:	3521720	STATUS
Registration Number:	2282186	BROWN SUGAR
Registration Number:	2300855	AMIR
Registration Number:	2022163	STAGES

**CORRESPONDENCE DATA**

Fax Number: 6123343312

*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.*

Phone: 61233432222

Email: lswaja@wck.com

Correspondent Name: WESTMAN CHAMPLIN & KOEHLER P.A.

Address Line 1: SUITE 1100

Address Line 2: 121 South Eighth Street

Address Line 4: MINNEAPOLIS, MINNESOTA 55402

NAME OF SUBMITTER: Peter J. Ims

SIGNATURE: /Peter J. Ims/

DATE SIGNED: 11/23/2022

**Total Attachments: 3**

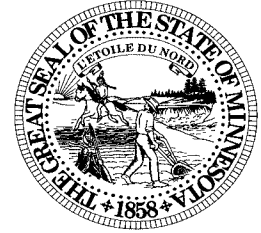
source=MN SOS Change of Corporate Name#page1.tif

source=MN SOS Change of Corporate Name#page2.tif

source=MN SOS Change of Corporate Name#page3.tif

**Office of the Minnesota Secretary of State**  
**Minnesota Business & Nonprofit Corporations**  
**Amendment to Articles of Incorporation**

*Minnesota Statutes, Chapter 302A or 317A*



**Read the instructions before completing this form.**

**Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail**

Note: Information provided when filing a business entity is public data and may be viewable online. This includes but is not limited to all individual names and addresses.

1. Corporate Name: (Required)

Amir, Inc

*List the name of the company prior to any desired name change*

2. This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days **after** filing with the Secretary of State.

08/19/2022

Format: (mm/dd/yyyy)

3. The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

ARTICLE

1

The corporate name of the entity shall be United Hair Care, Inc.

4. This amendment has been approved pursuant to *Minnesota Statutes*, Chapter 302A or 317A.

5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

/steven goldetsky/

Signature of Authorized Person or Authorized Agent

August 18, 2022

Date

**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

steve@goldetsky.com

*Steven M Goldetsky*

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime phone number of a person who can be contacted about this form:**

Steve Goldetsky

612-735-7385

Contact Name

Phone Number

**Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.**

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes  No

**TRADEMARK**

**REEL: 007901 FRAME: 0335**

## INSTRUCTIONS

**File your business document online by visiting our website at [www.sos.state.mn.us](http://www.sos.state.mn.us).**

This form is intended merely as a guide for filing and is not intended to cover all situations. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Office of the Secretary of State.

1. List the exact corporate name as filed with this office.
2. Provide an effective date, if other than the filing date. The effective date can only be within 30 days after the date of filing.
3. List the information that is being amended. If you are changing your corporate name, a preliminary name availability check may be done by accessing our Website at [www.sos.state.mn.us](http://www.sos.state.mn.us).
4. A signature of a person, authorized by the corporation to sign documents, or an authorized agent (The signing party must indicate on the document that they are acting as the agent of the person(s) whose signature would be required and that they have been authorized to sign on behalf of that person(s).) is required.

**Email Address for Official Notices.** This email address may be used to send annual renewal reminders and other important notices that may require action or response. Check the box if you wish to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime telephone number of a person who can be contacted about this form.**

**Filing Fee: \$55 for expedited service in-person and online filings, \$35 if submitted by mail**

Please submit all items together and mail to the address below:

**FILE IN-PERSON OR MAIL TO:**

Minnesota Secretary of State - Business Services  
First National Bank Building  
332 Minnesota Street, Suite N201  
Saint Paul, MN 55101

(Staffed 8 a.m. – 4 p.m., Monday - Friday, excluding holidays)

Phone Lines: (9 a.m. - 4 p.m., M-F) Metro Area 651-296-2803; Greater MN 1-877-551-6767

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651)296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

*DC&NPAmendmentRev.10/1/2021*

**TRADEMARK  
REEL: 007901 FRAME: 0336**



**Work Item 1327310500025**  
**Original File Number 10R-403**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
FILED  
**08/19/2022 11:59 PM**

*Steve Simon*

Steve Simon  
Secretary of State