

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM835307

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
HIPPA Exams, Inc.		10/22/2019	Corporation: COLORADO
RECEIVING PARTY DATA			
Name:	Engaging Training Solutions, Inc.		
Street Address:	14201 East 4th Avenue, Suite 360		
City:	Aurora		
State/Country:	COLORADO		
Postal Code:	80011		
Entity Type:	Corporation: COLORADO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4409740	HIPAA+ EXAMS	
CORRESPONDENCE DATA			
Fax Number:	5128538801		
<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:	512-853-8800		
Email:	dkgpto@intprop.com		
Correspondent Name:	Dwayne K. Goetzel		
Address Line 1:	1120 S Cap of TX Hwy, Bldg. 2, Ste. 300		
Address Line 4:	Austin, TEXAS 78746		
NAME OF SUBMITTER:	Dwayne K. Goetzel		
SIGNATURE:	/Dwayne K. Goetzel/		
DATE SIGNED:	08/29/2023		
Total Attachments: 2			
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source=Articles of Amendment#page2.tif			

CH \$40.00 4409740



Colorado Secretary of State
 Date and Time: 10/22/2019 03:17 PM
 ID Number: 20081145664
 Document number: 20191837527
 Amount Paid: \$25.00

Document must be filed electronically.
 Paper documents are not accepted.
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ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number and entity name are

ID number 20081145664
(Colorado Secretary of State ID number)

Entity name HIPAA Exams, Inc

2. The new entity name (if applicable) is Engaging Training Solutions, Inc

3. *(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

This document contains additional amendments or other information.

4. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

5. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____
(mm/dd/yyyy hour:minute am/pm)

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

6. The true name and mailing address of the individual causing the document to be delivered for filing are

Garner Gregory Lee
(Last) (First) (Middle) (Suffix)
14201 East 4th Avenue
(Street name and number or Post Office Box information)
Suite 360
Aurora CO 80011
(City) (State) (Postal/Zip Code)
United States
(Province – if applicable) (Country – if not US)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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