

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM843764

<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>
MPF Sales and Marketing Group, LLC		01/23/2023	Limited Liability Company: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Epic Sales Partners, LLC		
<b>Street Address:</b>	11243 Cornell Park Drive		
<b>City:</b>	Cincinnati		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	45242		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 6</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	97591050	EPIC SALES PARTNERS	
<b>Serial Number:</b>	97591048	FRESH FOOD CATALYSTS	
<b>Registration Number:</b>	5397035	MPF SALES AND MARKETING	
<b>Registration Number:</b>	5397036	FREEDOM FOOD BROKERS	
<b>Registration Number:</b>	5586643	FRONTIER FOOD BROKERAGE	
<b>Registration Number:</b>	3887383	PREMIER SALES SOLUTIONS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	5139778141		
<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>Phone:</b>	5139778527		
<b>Email:</b>	april.besl@dinsmore.com		
<b>Correspondent Name:</b>	April Besl - Dinsmore & Shohl LLP		
<b>Address Line 1:</b>	255 E. 5th St., Suite 1900		
<b>Address Line 4:</b>	Cincinnati, OHIO 45202		
<b>NAME OF SUBMITTER:</b>	April L Besl		
<b>SIGNATURE:</b>	/april l besl/		
<b>DATE SIGNED:</b>	10/05/2023		

OP \$165.00 97591050

**Total Attachments: 7**

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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 8th day of August, A.D. 2023.*

Ohio Secretary of State

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

Validation Number:  
202322004168



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/23/2023	202302303674	OHIO LLC - AMENDMENT (LAM)	50.00	0.00	0.00	0.00

**Receipt**

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

DINSMORE & SHOHL LLP  
255 EAST FIFTH STREET, SUITE 1900  
CINCINNATI, OH 45202

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
1933059**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**EPIC SALES PARTNERS, LLC**

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

Document(s)

**OHIO LLC - AMENDMENT**

Document No(s):

**202302303674**

Effective Date: 01/23/2023



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  
23rd day of January, A.D. 2023.

**Ohio Secretary of State**



Telephone: 877.767.3453

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)

(2) Domestic Limited Liability Company

Restatement (142-LRA)

MPF SALES AND MARKETING GROUP, LLC  
Name of Limited Liability Company

1933059  
Registration Number

Optional: Effective Date (MM/DD/YYYY) 1/23/2023 Effective Time

Pursuant to Ohio Revised Code Section 1706.172(D), a certificate of amendment delivered to the Ohio Secretary of State for filing under this chapter may specify an effective time and a delayed effective date of not more than ninety days following the date of receipt by the Secretary of State. A certificate of amendment is effective as provided in Ohio Revised Code Section 1706.172(D).

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.

Name of Limited Liability Company Epic Sales Partners, LLC

(Name must include one of the following words or abbreviations: "limited liability company", "limited", "LLC", "L.L.C.", "Ltd.", or "Ltd".)

Purpose

If applicable, attach a statement as provided in division (B)(3) of section 1706.761 of the Ohio Revised Code to state that the LLC may have one or more series of assets subject to limitations.

**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**

This filing must be signed by at least one person authorized by the limited liability company.

If the person is an individual, then he or she must sign on the "signature" line and print his or her name in the "Print Name" Box.

If the person is a business entity, please print the name of the entity in the "Signature" box and an authorized representative of the business must sign in the "By" box and print his or her name and title or authority in the "Print Name Box."

/S/ PETER A. DRAUGELIS, AUTHORIZED REPRESENTATIVE

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
01/04/2023	202300402708	NAME RESERVATION (NRO)	39.00	100.00	0.00	0.00

**Receipt**

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

DINSMORE & SHOHL LLP  
255 E 5TH STREET, SUITE 1900  
CINCINNATI, OH 45202

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose**  
4977031

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

**EPIC SALES PARTNERS, LLC**

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

Document(s)

**NAME RESERVATION**

Document No(s):

**202300402708**

Effective Date: **01/04/2023**



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  
4th day of January, A.D. 2023.

**Ohio Secretary of State**

**TRADEMARK**  
**REEL: 008217 FRAME: 0771**



Telephone: 877.767.3453

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Name Reservation / Transfer / Cancellation

**Reservation Filing Fee: \$39 (160-NRO)**

**Transfer Filing Fee: \$25 (185-NRT)**

**Cancellation Filing Fee: \$25 (184-RNX)**

**Form Must Be Typed**

**CHECK ONLY ONE (1) BOX**

(1) Original Name Reservation

Applicant is reserving the name on behalf of a: proposed new corporation, limited liability company or business trust; or an existing corporation, limited liability company, or business trust intending to change its name.

(2) Name Reservation Transfer

Reservation Number

Reserved Name

(3) Name Reservation Cancellation

Reservation Number

Reserved Name

**Complete only if box (1) is checked**

Please reserve the first name available (only one name may be reserved per form) in the order of preference listed below. I understand that I am not granted the reservation until I receive written confirmation from the Secretary of State's office stating that the name has been reserved for me. The name reservation is valid for a period of **180 days** from the date of filing.

Epic Sales Partners, LLC

First Choice

Second Choice

Third Choice

**Applicant Information**

MPF Sales and Marketing Group, LLC

Name (Business Entity or Individual)

11243 Cornell Park Drive

Mailing Address

Cincinnati

City

Ohio

State

45242

ZIP Code



Complete only if box (2) is checked

Transferee Name (New Applicant Name)

Mailing Address

City

State

ZIP Code

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**

This document must be signed by the applicant or by any authorized representative of the applicant.

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.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name