

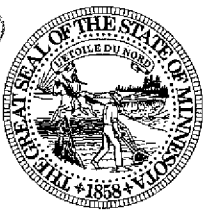
**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
	Name	Formerly	Execution Date
	The Storefront Group		07/01/2011
	CORPORATION: MINNESOTA		
<b>RECEIVING PARTY DATA</b>			
Name:	Headway Emotional Health Services		
Street Address:	6425 Nicollet Avenue South		
City:	Richfield		
State/Country:	MINNESOTA		
Postal Code:	55423		
Entity Type:	CORPORATION: MINNESOTA		
<b>PROPERTY NUMBERS Total: 1</b>			
	Property Type	Number	Word Mark
	Serial Number:	85177549	HEADWAY EMOTIONAL HEALTH SERVICES
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(612)977-8650		
Phone:	6129778795		
Email:	ip@briggs.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	Daniel A. Rosenberg		
Address Line 1:	80 South Eighth Street		
Address Line 2:	2200 IDS Center		
Address Line 4:	Minneapolis, MINNESOTA 55402		
ATTORNEY DOCKET NUMBER:	31461.11		
NAME OF SUBMITTER:	Daniel A. Rosenberg		
Signature:	/Daniel A. Rosenberg/		
Date:	10/27/2011		
Total Attachments: 1 source=Headway MN Secretary of State filing 2011-06#page1.tif			

**CH \$40.00 85177549**

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STATE OF MINNESOTA SECRETARY OF STATE 43319280002

AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

- 1. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Secretary of State.
2. There is a \$35.00 fee payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

The Storefront Group

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.

07/01/2011

Format (mm/dd/yyyy)

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

Article 1, Name

The name of this corporation shall be Headway Emotional Health Services.

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

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.

[Handwritten Signature]

Signature of Authorized Person or Authorized Agent

Name and telephone number of contact person: Patrick Dale 612-861-1675
Please Print Legibly Phone Number

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

STATE OF MINNESOTA DEPARTMENT OF STATE FILED JUN 13 2011 NK
Marilyn P. Pappas Secretary of State

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us, or contact us between 8:00am and 4:00pm, Monday through Friday at (651) 296-2803 or toll free 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.

RECORDED: 10/27/2011

[Handwritten Signature]

TRADEMARK REEL: 004649 FRAME: 0536