

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Newco Winings, LLC		10/26/2004	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Airserco Manufacturing Company, LLC		
Street Address:	7555 Tyler Blvd.		
City:	Mentor		
State/Country:	OHIO		
Postal Code:	44060		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	73439144	AIRSERCO	
CORRESPONDENCE DATA			
Fax Number:	2166214072		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	216-621-2234		
Email:	ritakline@tarolli.com		
Correspondent Name:	Rita E. Kline		
Address Line 1:	1300 East Ninth Street		
Address Line 2:	Suite 1700		
Address Line 4:	Cleveland, OHIO 44114		
ATTORNEY DOCKET NUMBER:	STI-191276		
NAME OF SUBMITTER:	Rita E. Kline		
Signature:	/Rita E. Kline/		

OP \$40.00 73439144

Date:

07/06/2012

Total Attachments: 4

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/27/2004	200430002162	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

Receipt

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

WALDHEGER COYNE
1991 CROCKER RD., STE 550
CLEVELAND, OH 44145

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1483792

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
AIRSERCO MANUFACTURING COMPANY, LLC
and, that said business records show the filing and recording of:

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
200430002162



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 26th day of October, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/scs
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input checked="" type="checkbox"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="checkbox"/> No	PO Box 1028 Columbus, OH 43216

**Limited Liability Company Certificate of
Amendment / Restatement / Correction**
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) 08/20/04 (Date of Organization)	<input type="checkbox"/> (2) Foreign Limited Liability Company <input type="checkbox"/> Correction (136-LFC) _____ (Home State) (Qualifying in Ohio on MM/DD/YY)
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The undersigned authorized representative of Newco-Winings, LLC 1483792
(Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company Amend Restate Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:
Airserco Manufacturing Company, LLC
(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL) :

(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**

(city, township, or village) (state) (zip code)

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

2004 OCT 26 AM 10:52

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

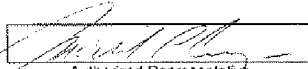
(Street) NOTE: P.O. Box Addresses are NOT acceptable.

(City, village or township) **Ohio** _____
(State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

A. the agent cannot be found or,
 B. the limited liability company fails to designate another agent when required to do so, or
 C. the limited liability company's registration to do business in Ohio expires or is cancelled

REQUIRED
 Must be authenticated (signed)
 by an authorized representative
 (See Instructions)


 Authorized Representative

9-22-04
 Date

Michael P. Coyne
 (Print Name)

 Authorized Representative

 Date

 (Print Name)

 Authorized Representative

 Date

 (Print Name)



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)

Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

<input checked="" type="checkbox"/> Where consenting entity is a corporation (147-CSO)	Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (148-CSN)	Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
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Check here if additional provisions are attached


Charter or Registration No. of Entity Giving Consent: 835578

Name of Entity Giving Consent: THE PROVIDENCE GROUP, INC.

Gives Its Consent To: NEWCO-WININGS, LLC

To Use The Name: AIRSERCO MANUFACTURING COMPANY, LLC

REQUIRED
Must be authenticated (signed) by an authorized representative

 _____
Authorized Representative AUGUST 31, 2004
Date

Authorized Representative _____
Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.