

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM315011

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Eziaz, LLC		01/03/2009	LIMITED LIABILITY COMPANY: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Hancock Technology Partners Mgmt. Co., LLC		
Street Address:	4590 MacArthur Blvd., Suite 500		
City:	Newport Beach		
State/Country:	CALIFORNIA		
Postal Code:	92660		
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3412819	SPEEDFIND	
CORRESPONDENCE DATA			
Fax Number:	9496258955		
<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:	7144498433		
Email:	wae@viplawgroup.com		
Correspondent Name:	William A English		
Address Line 1:	1440 N. Harbor Blvd. Ste. 900		
Address Line 4:	Fullerton, CALIFORNIA 92835		
ATTORNEY DOCKET NUMBER:	IISI-0201T		
NAME OF SUBMITTER:	William A. English		
SIGNATURE:	/william a english/		
DATE SIGNED:	08/24/2014		
Total Attachments: 2			
source=Name Change-Eziaz to HTPMC 122908#page1.tif			
source=Name Change-Eziaz to HTPMC 122908#page2.tif			

CH \$40.00 3412819

State of California
Secretary of State



I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

JAN 3 2009

DEBRA BOWEN
Secretary of State



**State of California
Secretary of State**

**LIMITED LIABILITY COMPANY
CERTIFICATE OF AMENDMENT**

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

DEC 29 2008

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200730710063	2. NAME OF LIMITED LIABILITY COMPANY EZIAZ, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.	
A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "LLC.") HANCOCK TECHNOLOGY PARTNERS MGMT. CO., LLC	
B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <input type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)	
C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:	
D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.	
4. FUTURE EFFECTIVE DATE, IF ANY:	
MONTH	DAY
5. NUMBER OF PAGES ATTACHED, IF ANY: 0	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.	
SIGNATURE OF AUTHORIZED PERSON	December 11, 2008 DATE
Lee Hancock, Manager TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	
7. RETURN TO:	
NAME FIRM ADDRESS CITY/STATE ZIP CODE	



APPROVED BY SECRETARY OF STATE