

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM410195

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Qahead, LTD		08/09/2016	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	TicketFire LLC		
Street Address:	1275 Kinnear Road		
City:	Columbus		
State/Country:	OHIO		
Postal Code:	43212		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4719786	TICKETFIRE	
CORRESPONDENCE DATA			
Fax Number:	5134210991		
<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:	5133694250		
Email:	ipdocket@porterwright.com		
Correspondent Name:	Martin J. Miller		
Address Line 1:	41 South High Street		
Address Line 2:	Suite 2900		
Address Line 4:	Columbus, OHIO 43215		
ATTORNEY DOCKET NUMBER:	4012578-199043		
NAME OF SUBMITTER:	Martin J. Miller		
SIGNATURE:	/Martin J. Miller/		
DATE SIGNED:	12/27/2016		
Total Attachments: 3			
source=Name_Change#page1.tif			
source=Name_Change#page2.tif			
source=Name_Change#page3.tif			

CH \$40.00 4719786



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/10/2016	201622300526	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	100.00	0.00	0.00	0.00

Receipt

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

THOMPSON HINE LLP
CAROL R. RUSSELL
41 S. HIGH STREET; SUITE 1700
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

**Ohio Secretary of State, Jon Husted
2087065**

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

TICKETFIRE LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 08/09/2016

Document No(s):

201622300526



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
10th day of August, A.D. 2016.

Ohio Secretary of State



Form 543A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

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

www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mall this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)

P.O. Box 1380
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Restatement (142-LRA)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

RECEIVED
OHIO SECRETARY OF STATE
2016 AUG -9 PM 3:19
CLIENT SERVICE CENTER

The undersigned authorized representative of:

Name of limited liability company

Name of limited liability company

Registration Number

Registration Number

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

The name of said limited liability company shall be:

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

This limited liability company shall exist for a period of:


Period of Existence

Purpose

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

Must be signed by a member, manager or other representative.


Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Ray Shealy

Print Name

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