

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM411618

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900388249		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MiN New York		04/19/2009	Limited Liability Company: NEW YORK
RECEIVING PARTY DATA			
Name:	Salonclick, LLC		
Street Address:	319 Lafayette Street		
City:	New York		
State/Country:	NEW YORK		
Postal Code:	10012		
Entity Type:	Limited Liability Company: NEW YORK		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Serial Number:	86927538	SCENT STORIES	
Serial Number:	86926544	#SCENTSTORY	
Serial Number:	86926523	SCENT STORY	
Serial Number:	86926399	#SCENTSTORIES	
CORRESPONDENCE DATA			
Fax Number:	2122625152		
<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:	212-977-9700		
Email:	bfishkin@phillipsnizer.com, hmintz@phillipsnizer.com		
Correspondent Name:	Barry H. Fishkin c/o Phillips Nizer LLP		
Address Line 1:	666 Fifth Avenue		
Address Line 4:	New York, NEW YORK 10103-0084		
ATTORNEY DOCKET NUMBER:	86895.00002		
NAME OF SUBMITTER:	Barry H. Fishkin		
SIGNATURE:	/Barry H. Fishkin/		
DATE SIGNED:	01/09/2017		

Total Attachments: 3

source=Salonclick Certificate of Assumed Name#page1.tif

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source=Salonclick Certificate of Assumed Name#page3.tif

STATE OF NEW YORK
DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the
Department of State, at the City of Albany,
on April 22, 2016.



Anthony Giardina

Anthony Giardina
Executive Deputy Secretary of State

Certificate of Assumed Name
Pursuant to General Business Law, §130

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200904100

1. NAME OF ENTITY

SALONCLICK, LLC

1a. FOREIGN ENTITIES ONLY. If applicable, the fictitious name the entity agreed to use in New York State is:

2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):

- Business Corporation Law
 Education Law
 Insurance Law
 Limited Liability Company Law
 Not-for-Profit Corporation Law
 Revised Limited Partnership Act

Other (specify law):

3. ASSUMED NAME

MIN New York

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET. IF NONE, INSERT OUT-OF-STATE ADDRESS)

319 Lafayette Street #253, New York, NY 10012

5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME

ALL COUNTIES (if not, circle county[ies] below)

Albany	Clinton	Genesee	Monroe	Orleans	Saratoga	Tompkins
Allegany	Columbia	Greene	Montgomery	Oswego	Schenectady	Ulster
Bronx	Cortland	Hamilton	Nassau	Otsego	Schoharie	Warren
Broome	Delaware	Herkimer	New York	Putnam	Schuyler	Washington
Cattaraugus	Dutchess	Jefferson	Niagara	Queens	Seneca	Wayne
Cayuga	Erie	Kings	Oneida	Rensselaer	Steuben	Westchester
Chautauqua	Essex	Lewis	Onondaga	Richmond	Suffolk	Wyoming
Chemung	Franklin	Livingston	Ontario	Rockland	Sullivan	Yates
Chenango	Fulton	Madison	Orange	St. Lawrence	Tioga	

6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME. Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(ies) circled in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.)

319 Lafayette Street #253
New York, NY 10012

No New York State Business Location

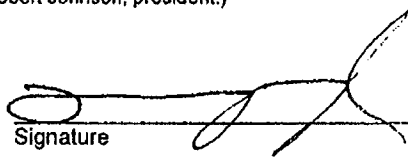
2009-01-00

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INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer; if limited partnership, by a general partner; if limited liability company, by a member or manager or by an authorized person or attorney-in-fact for such corporation, limited partnership, or limited liability company. If the certificate is signed by an attorney-in-fact, include the name and title of the person for whom the attorney-in-fact is acting. (Example, John Smith, attorney-in-fact for Robert Johnson, president.)

Chad Murawczyk

Name of Signer


Signature

CEO

Title of Signer

CERTIFICATE OF ASSUMED NAME
OF


Min New York

(Insert Entity Name)

Pursuant to §130, General Business Law

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED APR 10 2009
FEE \$215.47

BY: 

FILER'S NAME AND MAILING ADDRESS

Chad Murawczyk
319 Lafayette Street #253
New York, NY 10012

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or transacts business: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

(For office use only)

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