

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM451611

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
COLLINS WALTER ENTERPRISE, LLC		12/03/2012	Limited Liability Company:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	NPE ENTERPRISE, LLC		
<b>Street Address:</b>	1266 MIDDLE ROWSBURG ROAD		
<b>City:</b>	ASHLAND		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44805		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3425280	4 PAWS PET WASH	
<b>Registration Number:</b>	3425282	4 PAWS PET WASH	
<b>Registration Number:</b>	3852907	NATIONAL PRIDE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2165669711		
<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>			
<b>Phone:</b>	2165669700		
<b>Email:</b>	75628@RANKINHILL.COM		
<b>Correspondent Name:</b>	RANDOLPH E DIGGES III		
<b>Address Line 1:</b>	23755 LORAIN ROAD, SUITE 200		
<b>Address Line 4:</b>	NORTH OLMSTED, OHIO 44070		
<b>NAME OF SUBMITTER:</b>	Randolph E. Digges, III		
<b>SIGNATURE:</b>	/Randolph E. Digges, III/		
<b>DATE SIGNED:</b>	11/20/2017		
<b>Total Attachments: 3</b>			
source=Name_Change_to_NPE_Enterprise_LLC#page1.tif			
source=Name_Change_to_NPE_Enterprise_LLC#page2.tif			
source=Name_Change_to_NPE_Enterprise_LLC#page3.tif			

OP \$90.00 3425280



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/05/2012	201233901066	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	.00		.00	.00

**Receipt**

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

FRED M. OXLEY  
1636 EAGLE WAY  
ASHLAND, OH 44805

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

1661766

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

**NPE ENTERPRISE, LLC**

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

Document(s)

Document No(s):

**LIMITED LIABILITY COMPANY - AMENDMENT**

**201233901066**



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 3rd day of December,  
A.D. 2012.

Ohio Secretary of State



Form 543A Prescribed by:  
Ohio Secretary of State  
**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

Mail 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 1390  
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)

Date of Formation

(2) Domestic Limited Liability Company

Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Name of limited liability company

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"

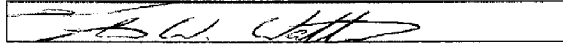
This limited liability company shall exist for a period of:   
Period of Existence

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**

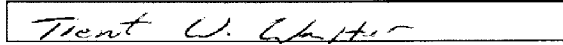
Articles and original appointment of agent must be signed by a member, manager or other representative.



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.



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