

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM508504

<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>
Secured FTP Hosting, LLC DBA SmartFile		07/30/2018	Limited Liability Company: INDIANA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Lumanox, LLC		
<b>Doing Business As:</b>	SmartFile		
<b>Street Address:</b>	525 South Meridian Street		
<b>Internal Address:</b>	Suite 3B		
<b>City:</b>	Indianapolis		
<b>State/Country:</b>	INDIANA		
<b>Postal Code:</b>	46225		
<b>Entity Type:</b>	Limited Liability Company: INDIANA		
<b>PROPERTY NUMBERS Total: 3</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	85686005	FILEHUB	
<b>Serial Number:</b>	85681115	SMARTFILE	
<b>Serial Number:</b>	85442138	SMART IS AS SMART DOES	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	3175925453		
<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>	317-236-5882		
<b>Email:</b>	h.banta@icemiller.com, ipdocket@icemiller.com, Ryan.Wilkinson@icemiller.com		
<b>Correspondent Name:</b>	Holiday W. Banta, Ice Miller LLP		
<b>Address Line 1:</b>	One American Square		
<b>Address Line 2:</b>	Suite 2900		
<b>Address Line 4:</b>	Indianapolis, INDIANA 46282		
<b>NAME OF SUBMITTER:</b>	Holiday W. Banta		
<b>SIGNATURE:</b>	/Holiday W. Banta/		
<b>DATE SIGNED:</b>	02/04/2019		

OP \$90.00 85686005

**Total Attachments: 2**

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State of Indiana  
Office of the Secretary of State  
Certificate of Amendment  
of  
**SECURED FTP HOSTING LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Code.

The name following said transaction will be:

**LUMANOX, LLC**

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, July 30, 2018.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 30, 2018

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2009030500684 / 7975710

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

Assumed Name History

Business Details

Business Name: LUMANOX, LLC

Business ID: 2009030500684

Entity Type: Domestic Limited Liability Company

Business Status: Active

Creation Date: 03/05/2009

Inactive Date:

Principal Office Address: 525 S Meridian St, Suite 3B, Indianapolis, IN, 46225, USA

Expiration Date: Perpetual

Jurisdiction of Formation: Indiana

Business Entity Report Due Date: 03/31/2021

Years Due:

Assumed Name History Details

Filing Date	Effective Date	Filing Number	Name	Status
10/28/2009	10/28/2009	0004741764	SMARTFILE	Active

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