

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM520706

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Marine Harvest USA, LLC		04/18/2019	Limited Liability Company: FLORIDA
RECEIVING PARTY DATA			
Name:	Mowi USA, LLC		
Street Address:	8550 N.W. 17th Street		
Internal Address:	Suite 105		
City:	Miami		
State/Country:	FLORIDA		
Postal Code:	33126		
Entity Type:	Limited Liability Company: FLORIDA		
PROPERTY NUMBERS Total: 13			
Property Type	Number	Word Mark	
Registration Number:	3824965	ADMIRAL'S	
Registration Number:	2207350	AYSEN	
Serial Number:	86126321	REBEL FISH	
Registration Number:	5061178	REBEL FISH	
Registration Number:	5219633	REBEL FISH	
Serial Number:	87540232	REBEL FISH	
Serial Number:	88084500	REBEL FISH	
Registration Number:	2165902	ROYAL FIORD	
Registration Number:	2876953	ROYAL FJORD	
Registration Number:	4846089	ROYAL FJORD	
Registration Number:	2163736	THE ONLY WAY TO GET IT FRESHER IS TO CAT	
Registration Number:	5052368	THE SALMON KITCHEN .COM	
Registration Number:	4944525	THE TILAPIA KITCHEN.COM	
CORRESPONDENCE DATA			
Fax Number:	2077911350		
<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>			

CH \$340.00 3824965

Phone: 207-791-1100
Email: trademark@pierceanwood.com
Correspondent Name: William L. Worden, Esq/Pierce Atwood LLP
Address Line 1: 254 Commercial Street
Address Line 4: Portland, MAINE 04101

ATTORNEY DOCKET NUMBER: 32389/9841

NAME OF SUBMITTER: William L. Worden

SIGNATURE: /William L. Worden/

DATE SIGNED: 04/25/2019

Total Attachments: 5

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2019

COGENCYGLOBAL

Re: Document Number L01000011779

The Articles of Amendment to the Articles of Organization for MARINE HARVEST USA, LLC which changed its name to MOWI USA, LLC, a Florida limited liability company, were filed on April 19, 2019.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Karen A Saly
Regulatory Specialist II
Division of Corporations

Letter Number: 319A00008029

Account number: I20000000088

Amount charged: 25.00

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

TRADEMARK
REEL: 006628 FRAME: 0613

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marine Harvest USA, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle Pottle

Name of Person

Pierce Atwood LLP

Firm/Company

254 Commercial Street

Address

Portland, ME 04101

City/State and Zip Code

joseph.lomonaco@mowi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Pottle at (**207**) **791-1282**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
19 APR 19 AM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Marine Harvest USA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 18, 2001 and assigned
Florida document number L01000011779.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mowi USA, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

19 APR 19 AM 1:08
 FILED
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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19 APR 19 AM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated April 18TH, 2019.

Signature of a member or authorized representative of a member

Donald Cynewski

Typed or printed name of signee