

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM401631

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
GDSNEWCO, LLC		03/07/2016	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	TREMOR, LLC		
Street Address:	310 Culvert St		
City:	Cincinnati		
State/Country:	OHIO		
Postal Code:	45202		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3682084	VOCALPOINT	
Registration Number:	3682085	TREMOR	
Serial Number:	86791618	UN RATO JUNTAS	
CORRESPONDENCE DATA			
Fax Number:	5139778141		
<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:	5139778527		
Email:	april.besl@dinsmore.com		
Correspondent Name:	April L. Besl		
Address Line 1:	255 E. 5th St., Ste 1900		
Address Line 4:	Cincinnati, OHIO 45202		
NAME OF SUBMITTER:	April L. Besl		
SIGNATURE:	/April L. Besl/		
DATE SIGNED:	10/11/2016		
Total Attachments: 4			
source=Tremor Change of Name#page1.tif			
source=Tremor Change of Name#page2.tif			
source=Tremor Change of Name#page3.tif			

OP \$90.00 3682084



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/08/2016	201606702840	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	0.00	0.00	0.00	0.00

Receipt

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

GEOFFRY SCHROEDER
310 CULVERT ST
CINCINNATI, OH 45202

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

2452487

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

TREMOR, LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 03/07/2016

Document No(s):

201606702840



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
8th day of March, A.D. 2016.

Jon Husted

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

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 1990
Columbus, OH 43216

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

2016 MAR -7 AM 9:24

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

Amendment (129-LAM)

Restatement (142-LRA)

Date of Formation

(2) Domestic Limited Liability Company

Amendment (129-LAM)

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

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

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

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 box containing a handwritten signature]

Signature

[Empty signature box]

By (if applicable)

[Signature box containing the handwritten name "Geoffrey Schroeder"]

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name

[Empty signature box]

Signature

[Empty signature box]

By (if applicable)

[Empty signature box]

Print Name

To: Office of Ohio Secretary of State
From: Geoffry Schroeder, CEO of Tremor

Attached is an LLC Amendment form to simply change the name of my LLC. Current name is GDSNewco, LLC. New name should be **Tremor, LLC**. I already have the Tremor name registered with the state as the DBA name for my LLC.

I also want to be sure the correct updated business mailing address is associated with my LLC.

Tremor, LLC
310 Culvert Street Suite 500
Cincinnati, OH 45202

Thank you.



Geoffry Schroeder