

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM428576

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Zombiecorp LLC		06/05/2015	Limited Liability Company: OHIO
RECEIVING PARTY DATA			
Name:	Uncrate LLC		
Street Address:	32 S Gray Street		
City:	Franklin Furnace		
State/Country:	OHIO		
Postal Code:	45629		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	85919891	VIDEOS WORTH WATCHING	
Serial Number:	85937743	GALLIVANT	
Serial Number:	86005112	ROOKIE	
CORRESPONDENCE DATA			
Fax Number:	3177133699		
<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:	3177133500		
Email:	efstrademarks@taftlaw.com		
Correspondent Name:	M. Zach Gordon		
Address Line 1:	One Indiana Square, Suite 3500		
Address Line 2:	Taft Stettinius & Hollister LLP		
Address Line 4:	Indianapolis, INDIANA 46204		
NAME OF SUBMITTER:	M. Zach Gordon		
SIGNATURE:	/M. Zach Gordon/		
DATE SIGNED:	05/23/2017		
Total Attachments: 3			
source=Change of name#page1.tif			
source=Change of name#page2.tif			

CH \$90.00 85919891



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/09/2015	201515914819	LIMITED LIABILITY COMPANY - AMENDMENT (LAM)	50.00	100.00	0.00	0.00	0.00

Receipt

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

TAFT STETTINIUS & HOLLISTER LLP
 THOMAS R. STASI
 425 WALNUT STREET, STE. 1800
 CINCINNATI, OH 45202

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
 1750944

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

UNCRATE LLC

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

Document(s)

LIMITED LIABILITY COMPANY - AMENDMENT

Effective Date: 06/05/2015

Document No(s):

201515914819



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
 9th day of June, A.D. 2015.

Jon Husted
 Ohio Secretary of State

Jon Husted

Form 543A Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free (877) 508-FILE (877-767-3453)
Central Ohio (614) 466-3810
www.OhioSecretaryofState.gov
husted@OhioSecretaryofState.gov
File online or for more information: www.OhioBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1139
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)

01/08/2008
Date of Formation

(2) Domestic Limited Liability Company
 Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Zombicorp LLC
Name of limited liability company
1750944
Registration Number

RECEIVED
2015 JUN -5 PM 4:02
CLIENT SERVICE CENTER
OHIO SECRETARY OF STATE

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:

Uncrate LLC

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

[Empty text boxes for 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.


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.

LC Angell
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