

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM553307

<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>
Shimizu International, Inc.		07/03/2019	Corporation: WASHINGTON
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	ISP Bellevue, Inc.		
<b>Doing Business As:</b>	Bellevue Children's Academy		
<b>Street Address:</b>	14640 NE 24th Street		
<b>City:</b>	Bellevue		
<b>State/Country:</b>	WASHINGTON		
<b>Postal Code:</b>	98007		
<b>Entity Type:</b>	Corporation: WASHINGTON		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5610485	BCA	
<b>Registration Number:</b>	5629762	BELLEVUE CHILDREN'S ACADEMY	
<b>Registration Number:</b>	5684418	BELLEVUE CHILDREN'S ACADEMY	
<b>Registration Number:</b>	5737822	BCA MATH	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4256156800		
<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>	425-233-8700		
<b>Email:</b>	elly@baxterlawintl.com		
<b>Correspondent Name:</b>	Eriko Baxter, Baxter Law International		
<b>Address Line 1:</b>	10900 NE 4th Street, Suite 2300		
<b>Address Line 4:</b>	Bellevue, WASHINGTON 98004		
<b>NAME OF SUBMITTER:</b>	Eriko Baxter		
<b>SIGNATURE:</b>	/Eriko Baxter/		
<b>DATE SIGNED:</b>	12/15/2019		
<b>Total Attachments: 4</b>			
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OP \$115.00 5610485

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Office of the Secretary of State  
 Corporations & Charities Division  
 (360) 725 - 0377 | www.sos.wa.gov/corps  
 801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

FILED  
 Secretary of State  
 State of Washington  
 Date Filed: 07/03/2019  
 Effective Date: 07/03/2019  
 UBI No: 601 422 306

- Amendment Fee \$30
- Amendment Fee with Expedited Service \$80

**ARTICLES OF AMENDMENT**  
**PROFIT CORPORATION**  
RCW 23B.10

Please provide UBI # 601 422 306

**NAME OF PROFIT CORPORATION:** (as currently recorded with the Office of the Secretary of State)  
Shimizu International, Inc.

**BUSINESS TYPE:** Are you changing your business type?  Yes - No (if no, continue to next section)

If yes, select the change being made:

- WA PROFESSIONAL SERVICE CORPORATION  WA PUBLIC UTILITY CORPORATION
- WA SOCIAL PURPOSE CORPORATION

**ENTITY NAME CHANGE:** Are you changing your business name?  Yes  No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved?  Yes  No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: \_\_\_\_\_

Name: ISP Bellevue, Inc.

**CORPORATE SHARES:** Are you changing your business's authorized shares?  Yes  No If no, continue to next section

New number of authorized shares: \_\_\_\_\_ Class of shares:  Common Stock  Preferred Stock

Did your share information change? (check one)  Yes  No If No, continue to next section

If Yes, implementation plan for change: (attach additional pages if needed)

**Has your registered agent changed?**  YES  NO If Yes, please be sure to complete page 2

**NEW REGISTERED AGENT:**

Is the Registered Agent a Commercial Registered Agent?  Yes  No

If Yes, provide the name of the Commercial Registered Agent: National Registered Agents, Inc.

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete ONE type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Entity	<input type="checkbox"/> Office or Position
_____	_____	_____
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: <u>888-879-0286</u>	Email: <u>CT.StateCommunications@wolterskluwer.com</u>
<b>Registered Agent Street Address (required)</b> (Must be a physical address No PO Box or PMB) Country: <u>United States</u> State: <u>Washington</u> Address: <u>711 Capitol Way S, Suite 204</u> Zip: <u>98501</u> City: <u>Olympia</u>	<b>Registered Agent Mailing Address (optional)</b> * Check if mailing address is the same as street address Country: <u>United States</u> State: <u>Washington</u> Address: _____ Zip: _____ City: _____

**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

<u><i>Natalie Leiba - Paul</i></u>	<u>Natalie Leiba-Paul - Assistant Secretary</u>	<u>July 02, 2019</u>
Signature of Registered Agent	Printed Name/Title	Date

DURATION: *Required only if changed* Please check ONE of the following

This Company shall have a perpetual duration  This Company shall have a duration of \_\_\_\_\_ years.

This Company shall expire on \_\_\_\_\_

ADOPTION OF ARTICLES OF AMENDMENT: This Amendment was duly adopted by the following method

By a sufficient vote of shareholders

By the board of directors

By the incorporators prior to the issuance of shares

EFFECTIVE DATE:

Date of filing  Specify a Date \_\_\_\_\_ cannot be more than 90 days following received date

DATE OF ADOPTION: When was this Amendment adopted?

Date of filing  Specify a date: 06/20/2019

RETURN ADDRESS FOR THIS FILING: *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

Attention to: \_\_\_\_\_

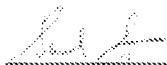
Email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

AUTHORIZED PERSON:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.



Suhail Seth - Secretary

07/01/2019

Signature of Authorized Person

Printed Name/Title

Date

## Front Desk Transaction Request Form

- Front Desk (\$50)       Routine       Expedite (\$50)  
 (Wait/ Immediate Service)      (Drop Off - 10 business days)      (Drop off - 2-3 Business Days)

Name: Unisearch, Inc., Attn: Melissa Craig

Address: 1780 Barnes Blvd SW, Tumwater, WA 98512

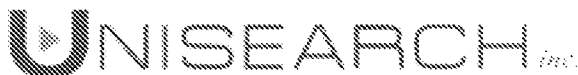
Phone: 360-956-9500, ext. 107

Email: Melissa.Craig@Unisearch.com

UBI Number	Entity Name	Type of Request
601 422 306	SHIMIZU INTERNATIONAL, INC.	B

Type of Transactions:

- A. Formation/Articles/Registration
- B. Amendment
- C. Merger or Conversion
- D. Annual Report, Amended Report, Reinstatement
- E. Apostille or Authentication
- F. Other: \_\_\_\_\_
- G. Long Form Certificate of Existence
- H. Short Form Certificate of Existence
- I. Photo Copies
- J. Certified Copies



*Global Solutions for Corporate and Financial Compliance*

Country: \_\_\_\_\_

- Charter Docs       Other: \_\_\_\_\_
- Charter Docs       Other: \_\_\_\_\_

SERVICE TYPE	FEE
Filing	
Filing	
Apo	
Certificates	
Records	
Other	
Other	
Expedite Fee	
<b>TOTAL DUE:</b>	

NOTES: