

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Soldo USA, LLC	02/22/2013
RECEIVING PARTY DATA	
Name:	Solexy USA, LLC
Street Address:	10178 International Blvd.
City:	Cincinnati
State/Country:	OHIO
Postal Code:	45246
PROPERTY NUMBERS Total: 2	
Property Type	Number
Patent Number:	7507105
Patent Number:	7057577
CORRESPONDENCE DATA	
Fax Number:	
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	502 423 9850
Email:	resa@inventky.com
Correspondent Name:	Theresa F Camoriano
Address Line 1:	8225 Shelbyville Rd.
Address Line 4:	Louisville, KENTUCKY 40222
ATTORNEY DOCKET NUMBER:	PET.310
NAME OF SUBMITTER:	Theresa Camoriano
Signature:	/Theresa Camoriano/
Date:	09/03/2013

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PATENT
 REEL: 031155 FRAME: 0842

OP \$80.00 7507105

This document serves as an Oath/Declaration (37 CFR 1.63).

Total Attachments: 3

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/25/2013	201305300580	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	100.00		.00	.00

Receipt

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

SOLDO USA, LLC
PATRICK NESBITT, ATTORNEY
P.O. BOX 43289
MADEIRA, OH 45243

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1535326

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

SOLEXY USA, LLC

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

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

201305300580

Effective Date: 02/22/2013



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 25th day of February,
A.D. 2013.

Ohio Secretary of State



Form 543A Prescribed by:
Ohio Secretary of State

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

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 1390
Columbus, OH 43216

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

2013 FEB 22 AM 9:03

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

4-12-2005

Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

Soldo USA, LLC

Name of limited liability company

1535326

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:

Solexy USA, 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:

perpetual

Period of Existence

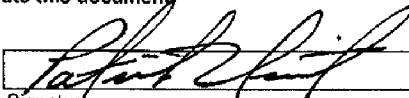
Purpose

all purposes for which an Ohio limited liability company can be formed and operated

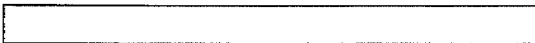
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

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

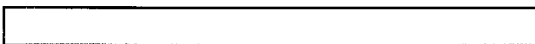

Signature

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



By (if applicable)

Patrick Nesbitt
Print Name

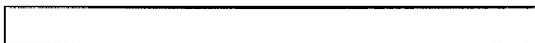
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.



Signature


By (if applicable)


Print Name


Signature


By (if applicable)


Print Name