

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT2937531

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name			Execution Date
SAMPLE DIGITAL HOLDINGS LLC			04/07/2014
RECEIVING PARTY DATA			
Name:	SAMPLAX LLC		
Street Address:	100 CORPORATE POINTE STE 350		
City:	CULVER CITY		
State/Country:	CALIFORNIA		
Postal Code:	90230		
PROPERTY NUMBERS Total: 4			
Property Type	Number		
Patent Number:	7660416		
Patent Number:	8218764		
Application Number:	12976929		
Application Number:	13903908		
CORRESPONDENCE DATA			
Fax Number:	(619)235-0398		
<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:	6192381900		
Email:	docketing@procopio.com		
Correspondent Name:	PROCOPIO, CORY, HARGREAVES & SAVITCH LLP		
Address Line 1:	525 B STREET, SUITE 2200		
Address Line 4:	SAN DIEGO, CALIFORNIA 92101		
ATTORNEY DOCKET NUMBER:	113831-000000		
NAME OF SUBMITTER:	NADINE A. HYLANDER		
SIGNATURE:	/Nadine A. Hylander/		
DATE SIGNED:	07/14/2014		
Total Attachments: 2			
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LLC-2

**Amendment to Articles of Organization
of a Limited Liability Company (LLC)**

To change information of record for your California LLC, you can fill out this form, and submit for filing along with:

- A \$30 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you **drop off** the completed form.
- To file this form, the status of your LLC must be active on the records of the California Secretary of State, or if suspended, this form can only be filed to list a new LLC name. To check the status of the LLC, go to kepler.sos.ca.gov.

Important! To change the LLC addresses, or to change the name or address of the LLC's agent for service of process, you must file a Statement of Information (Form LLC-12). To get Form LLC-12, go to www.sos.ca.gov/business/be/statements.htm.

Items 4-6: Only fill out the information that is changing. Attach extra pages if you need more space or need to include any other matters.

FILED DW
Secretary of State
State of California

APR 07 2014

1 CC
This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

① **LLC's Exact Name** (on file with CA Secretary of State)

SAMPLE DIGITAL HOLDINGS LLC

② **LLC File No.** (Issued by CA Secretary of State)

200317110108

Purpose

- ③ The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

New LLC Name (List the proposed LLC name exactly as it is to appear on the records of the California Secretary of State.)

④ **SAMPLAX LLC**

Proposed LLC Name

The proposed new name must include: LLC, L.L.C., Limited Liability Company, Limited Liability Co., Ltd. Liability Co., or Ltd. Liability Company; and may not include: bank, trust, trustee, incorporated, inc., corporation, or corp., insurer, or insurance company.

Management (Check only one.)

- ⑤ The LLC will be managed by:

☐ One Manager

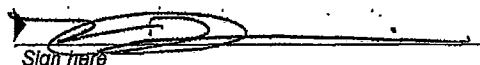
☐ More Than One Manager

☐ All Limited Liability Company Member(s)

Amendment to Text of the Articles of Organization (List both the current text, and the text as amended by this filing.)

⑥

Read and sign below: Unless a greater number is provided for in the Articles of Organization, this form must be signed by at least one manager, if the LLC is manager-managed or at least one member, if the LLC is member-managed. If the signing manager or member is a trust or another entity, go to www.sos.ca.gov/business/be/filing-tips.htm for more information. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are part of this document.


Sign here

Patrick Macdonald- King

Print your name here

Manager

Your business title

Make check/money order payable to: **Secretary of State**
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail
Secretary of State
Business Entities, P.O. Box 944228
Sacramento, CA 94244-2280

Drop-Off
Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814



I hereby certify that the foregoing
transcript of 1 page(s)
is a full, true and correct copy of the
original record in the custody of the
California Secretary of State's office.

APR 09 2014

Date: _____

Debra Bowen

DEBRA BOWEN, Secretary of State