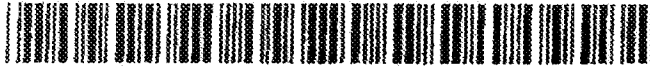


PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3449724

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
HMB PRODUCTS, LLC	10/01/2013
RECEIVING PARTY DATA	
Name:	FLEXPRO INDUSTRIES, LLC
Street Address:	7817 LAUREL AVENUE
City:	CINCINNATI
State/Country:	OHIO
Postal Code:	45243
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	29473988
CORRESPONDENCE DATA	
Fax Number:	(513)698-5149
<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>	
Email:	erobbins@ulmer.com
Correspondent Name:	ERIC M. ROBBINS
Address Line 1:	600 VINE STREET
Address Line 2:	SUITE 2800
Address Line 4:	CINCINNATI, OHIO 45202
ATTORNEY DOCKET NUMBER:	40283-2
NAME OF SUBMITTER:	ERIC M. ROBBINS, REG. NO. 52170
SIGNATURE:	/Eric M. Robbins/
DATE SIGNED:	07/22/2015
Total Attachments: 3	
source=asn#page1.tif	
source=asn#page2.tif	
source=asn#page3.tif	



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/02/2013	201327500624	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	100.00		.00	.00

Receipt

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

DAVID W. BURLEIGH
105 EAST FOURTH STREET, SUITE 300
CINCINNATI, OH 45202

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

2172416

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

FLEXPRO INDUSTRIES, LLC

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

Document(s)
AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):
201327500624

Effective Date: 10/01/2013



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 2nd day of October, 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 1360
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)

February 8, 2013

Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

HMB Products, LLC

Name of limited liability company

2172416

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:

FlexPro Industries, 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

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

By (if applicable)

David W. Burleigh

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name