

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT3538803

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME	
<b>CONVEYING PARTY DATA</b>		
	<b>Name</b>	<b>Execution Date</b>
	BALLBUSTERS MASCOTS & LOGOS, LLC	09/10/2014
<b>RECEIVING PARTY DATA</b>		
<b>Name:</b>	GAMEDAY READY, LLC	
<b>Street Address:</b>	2519 N MCMULLEN BOOTH RD, STE 510	
<b>City:</b>	CLEARWATER	
<b>State/Country:</b>	FLORIDA	
<b>Postal Code:</b>	33761	
<b>PROPERTY NUMBERS Total: 1</b>		
	<b>Property Type</b>	<b>Number</b>
	Application Number:	29479680
<b>CORRESPONDENCE DATA</b>		
<b>Fax Number:</b>		
<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>	2566793174	
<b>Email:</b>	gkobler@koblerip.com	
<b>Correspondent Name:</b>	GEORGE P KOBLER	
<b>Address Line 1:</b>	P.O. BOX 18186	
<b>Address Line 4:</b>	HUNTSVILLE, ALABAMA 35804	
<b>NAME OF SUBMITTER:</b>	GEORGE P KOBLER	
<b>SIGNATURE:</b>	/georgepkobler/	
<b>DATE SIGNED:</b>	09/23/2015	
<b>Total Attachments: 5</b>		
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L13000064 M3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

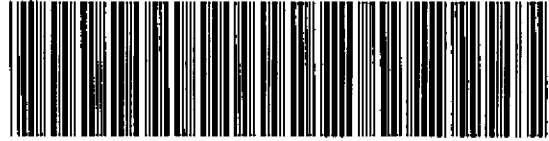
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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14 SEP 15 AM 10:32  
SECRETARY OF STATE  
FALLMONT, VT 05401

SEP 19 2014  
S. YOUNG

PATENT  
REEL: 036635 FRAME: 0058

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GAME DAY READY**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CHRISTOPHER M FITZPATRICK**

Name of Person

**GAME DAY READY**

Firm/Company

**2519 N MCMULLEN BOOTH RD STE 510**

Address

**CLEARWATER, FL 33761**

City/State and Zip Code

**CFITZ@GAMEDAYREADY.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CHRISTOPHER M FITZPATRICK** at **727 709-5652**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
14 SEP 15 2:10:33  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BALLBUSTERS MASCOT & LOGOS, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on MAY 1, 2013 and assigned Florida document number L13000064173.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Gameday Ready, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CHRISTOPHER FITZPATRICK

New Registered Office Address:

2519 N MCMULLEN BOOTH RD STE 510

Enter Florida street address

CLEARWATER

City

Florida 33761

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 9

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MR</u>	<u>JAMES A FITZPATRICK</u>	<u>2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MR</u>	<u>ANTHONY G FITZPATRICK</u>	<u>2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MR</u>	<u>STEVE RECTOR</u>	<u>2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MR</u>	<u>CHRISTOHER M FITZPATRICK</u>	<u>2519 N MCMULLEN BOOTH RD STE 510 CLEARWATER, FL 33761</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FL 32301  
SECRET

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**THIS AMENDMENT INCLUDING NAME CHANGE AND ADDRESS CHANGES,  
WILL AUTOMATICALLY SUPERSEDE ALL SUBSEQUENT CORPORATE  
DOCUMENTS AND AGREEMENTS CURRENTLY IN PLACE WITH VARIOUS ENTITIES.**

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated **SEPTEMBER 10**, **2014**

Signature of a member or authorized representative of a member

**CHRISTOPHER M FITZPATRICK**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

FILED  
14 SEP 15 11 09 33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA