

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3617756

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
HOMERUN HOLDINGS INCORPORATED	05/01/2013
RECEIVING PARTY DATA	
Name:	QMOTION CORPORATION
Street Address:	3400 COPTER ROAD
City:	PENSACOLA
State/Country:	FLORIDA
Postal Code:	32514
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	13653451
CORRESPONDENCE DATA	
Fax Number:	(515)242-2488
<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:	515-242-2400
Email:	ip@brownwinick.com
Correspondent Name:	CHRISTOPHER A. PROSKEY
Address Line 1:	666 GRAND AVE. - SUITE 2000
Address Line 2:	RUAN CENTER
Address Line 4:	DES MOINES, IOWA 50309
ATTORNEY DOCKET NUMBER:	24540.0087
NAME OF SUBMITTER:	CHRISTOPHER A. PROSKEY
SIGNATURE:	/Christopher A. Proskey/
DATE SIGNED:	11/16/2015
Total Attachments: 8	
source=Name Change Docs-1 (00977892x9F897)#page1.tif	
source=Name Change Docs-1 (00977892x9F897)#page2.tif	
source=Name Change docs-2 (00977896x9F897)#page1.tif	
source=Name Change docs-2 (00977896x9F897)#page2.tif	
source=Name Change docs-2 (00977896x9F897)#page3.tif	

source=Name Change docs-2 (00977896x9F897)#page4.tif
source=Name Change docs-2 (00977896x9F897)#page5.tif
source=Name Change docs-2 (00977896x9F897)#page6.tif



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2012

QMOTION
3400 COPTER ROAD
PENSACOLA, FL 32514

Subject: **QMOTION**

REGISTRATION NUMBER: **G12000125286**

This will acknowledge the filing of the above fictitious name registration which was registered on December 27, 2012. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

If the mailing address of this business changes, please notify this office in writing, or through the link provided on our website www.sunbiz.org for Address & FEI/EIN Changes. Please reference the original registration number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 245-6058.

Tyrone Scott
Reinstatement Section
Division of Corporations

Letter No. 612A00030431

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida **PATENT**

REEL: 037114 FRAME: 0421

State of Florida



Department of State

I certify from the records of this office that QMOTION is a Fictitious Name registered with the Department of State on December 27, 2012.

The Registration Number of this Fictitious Name is G12000125286.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Twenty-seventh day of December, 2012



CR2EO22 (1-11)

Ken Detzner

Ken Detzner
Secretary of State

P10000086617

(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:

Office Use Only



600248544106

06/04/13--01009--023 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN -4 PM 2:36

JUN 10 2013

PATENT T. BROWN

REEL: 037114 FRAME: 0423

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HomeRun Holdings Corporation

DOCUMENT NUMBER: P10000086617

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Garrett Henderson

Name of Contact Person

HomeRun Holdings Corporation

Firm/ Company

3400 Copter Road

Address

Pensacola, FL 32514

City/ State and Zip Code

ghenderson@homerunholdings.com

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

For further information concerning this matter, please call:

Garrett Henderson

Name of Contact Person

at (850)

308-7313

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN -4 PM 2:36

HomeRun Holdings Corporation

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000086617

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

QMotion Incorporated

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	N/A	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: April 26, 2013

Effective date if applicable: May 1, 2013

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 4/29/13

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Joseph Selogy

(Typed or printed name of person signing)

President

(Title of person signing)