

PATENT ASSIGNMENT COVER SHEET

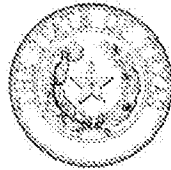
Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6723525

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
BSX ATHLETICS	10/24/2014
RECEIVING PARTY DATA	
Name:	PERFORMANCE ATHLYTICS, LLC.
Street Address:	2500 EAST T.C. JESTER
Internal Address:	SUITE 325
City:	HOUSTON
State/Country:	TEXAS
Postal Code:	77008
PROPERTY NUMBERS Total: 2	
Property Type	Number
Application Number:	17021974
Application Number:	16951139
CORRESPONDENCE DATA	
Fax Number:	(713)374-1601
<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:	7133741600
Email:	clevy@polsinelli.com
Correspondent Name:	POLSINELLI PC
Address Line 1:	1000 LOUISIANA STREET
Address Line 2:	SUITE 6400
Address Line 4:	HOUSTON, TEXAS 77002
NAME OF SUBMITTER:	CHELSEA A. LEVY
SIGNATURE:	/Chelsea A. Levy/
DATE SIGNED:	05/20/2021
Total Attachments: 2	
source=BSX to Performance Athlytics#page1.tif	
source=BSX to Performance Athlytics#page2.tif	

Form 503
(Revised 09/13)

Return in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512 463-5709
Filing Fee: \$25



This space reserved for office use.

Assumed Name Certificate

Assumed Name

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: BSX Athletics

Entity Information

2. The legal name of the entity filing the assumed name is:

Performance Athlytics, LLC.

State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

- For-profit Corporation
- Nonprofit Corporation
- Professional Corporation
- Professional Association
- Other
- Limited Liability Company
- Limited Partnership
- Limited Liability Partnership
- Cooperative Association

Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.

4. The file number, if any, issued to the entity by the secretary of state is: 0801556928

5. The state, country, or other jurisdiction of formation of the entity is: Texas

6. The entity's principal office address is:

2500 E T C Jester Blvd. Ste. 325

Street or Mailing Address

Houston

TX

USA

77008

City

State

Country

Postal or Zip Code

Period of Duration

7a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

7b. The period during which the assumed name will be used is _____ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

7c. The assumed name will be used until _____ (not to exceed 10 years).
mm/dd/yyyy

County or Counties in which Assumed Name Used

8. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

All counties

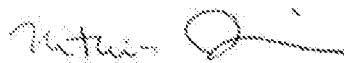
All counties with the exception of the following counties: _____

Only the following counties: _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: 10/24/2014



Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)