

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT7335369

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
NASTYGOAT CORPORATION	07/23/2013
RECEIVING PARTY DATA	
Name:	REWARDSTYLE, INC.
Street Address:	4515 TRAVIS STREET
Internal Address:	SUITE 330
City:	DALLAS
State/Country:	TEXAS
Postal Code:	75205
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	17661630
CORRESPONDENCE DATA	
Fax Number:	(707)736-9219
<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:	5712516952
Email:	jcheng@bomcip.com
Correspondent Name:	BOOKOFF MCANDREWS, PLLC
Address Line 1:	2020 K STREET, NW
Address Line 2:	SUITE 400
Address Line 4:	WASHINGTON, D.C. 20006
ATTORNEY DOCKET NUMBER:	00273-0001-19000
NAME OF SUBMITTER:	BETHANY LOVE
SIGNATURE:	/BETHANY LOVE/
DATE SIGNED:	05/16/2022
Total Attachments: 6	
source=Assignment 2 of 3 - Nastygoat to rewadStyle#page1.tif	
source=Assignment 2 of 3 - Nastygoat to rewadStyle#page2.tif	
source=Assignment 2 of 3 - Nastygoat to rewadStyle#page3.tif	
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Office of the Secretary of State

CERTIFICATE OF FILING OF

rewardstyle, Inc.
800974544

[formerly: NastyGoat Corporation]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 07/23/2013

Effective: 07/23/2013



A handwritten signature of John Steen in black ink.

John Steen
Secretary of State



Office of the Secretary of State

July 26, 2013

Attn: Sophilia Hsu

CHESTER pllc
6301 Gaston Ave., Suite 730
Dallas, TX 75214 USA

RE: rewardstyle, Inc.
File Number: 800974544


It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Form 424 (Revised 05/11) Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555 FAX: 512/463-5709 Filing Fee: See instructions	 Certificate of Amendment	This space reserved for office use. FILED In the Office of the Secretary of State of Texas JUL 23 2013 Corporations Section
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Entity Information

The name of the filing entity is:

NASTYGOAT CORPORATION

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Partnership |

The file number issued to the filing entity by the secretary of state is: 0800974544

The date of formation of the entity is: 05/06/2008

Amendments

1. Amended Name

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

rewardstyle, Inc.

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent

(Complete either A or B, but not both. Also complete C.)

☐ A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

☐ B. The registered agent is an individual resident of the state whose name is:

First Name	M.I.	Last Name	Suffix
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The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.

C. The business address of the registered agent and the registered office address is:

Street Address (No P.O. Box)	City	TX	State	Zip Code
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3. Other Added, Altered, or Deleted Provisions

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

☐ Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

☐ Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

☐ Delete each of the provisions identified below from the certificate of formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing (Select either A, B, or C.)

- A. ☒ This document becomes effective when the document is filed by the secretary of state.
- B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____
- C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

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Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: _____

By: _____

Signature of authorized person

Baxter Box, CEO

Printed or typed name of authorized person (see instructions)



Office of the Secretary of State
Packing Slip

July 26, 2013
Page 1 of 1

Attn: Sophilla Hsu
CHESTER pllc
6301 Gaston Ave., Suite 730
Dallas, TX 75214

Batch Number: 49146488

Batch Date: 07-23-2013

Client ID: 429434399

Return Method: Mail

Document Number	Document Detail	Number / Name	Page Count	Fee
491464880002	Certificate of Amendment	rewardstyle, Inc.	0	\$150.00

Total Fees: \$150.00

Payment Type	Payment Status	Payment Reference	Amount
Credit Card	Received	*****7024	\$150.00
Total:			\$150.00

Total Amount Charged to Client Account: \$0.00
(Applies to documents or orders where Client Account is the payment method)

Note to Customers Paying by Client Account: This is not a bill. Payments to your client account should be based on the monthly statement and not this packing slip. Amounts credited to your client account may be refunded upon request. Refunds (if applicable) will be processed within 10 business days.

There is a 2.7% convenience fee on credit card payments. This additional amount will be computed and shown on your credit card statement when the credit card transaction is settled.

User ID: DMOJCA