507414786 08/01/2022

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT7461714

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
HUBBELL LIGHTING, INC.	02/01/2022

RECEIVING PARTY DATA

Name:	HLI SOLUTIONS, INC.
Street Address:	701 MILLENNIUM BLVD.
City:	GREENVILLE
State/Country:	SOUTH CAROLINA
Postal Code:	29607-5251

PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	17577197

CORRESPONDENCE DATA

Fax Number: (203)293-9176

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.

Phone: 2032208496

Email: dilworthip@dilworthip.com

Correspondent Name: DILWORTH IP LLC Address Line 1: 470 JAMES STREET

Address Line 2: SUITE 007

Address Line 4: NEW HAVEN, CONNECTICUT 06513

ATTORNEY DOCKET NUMBER:	1541-061USCON	
NAME OF SUBMITTER:	ANN MARIE POREMBA, PARALEGAL	
SIGNATURE:	/Ann Marie Poremba, Paralegal/	
DATE SIGNED:	08/01/2022	

Total Attachments: 2

source=1541_Change_of_Applicant_Document_Certificate_of_Amendment#page1.tif source=1541_Change_of_Applicant_Document_Certificate_of_Amendment#page2.tif

PATENT 507414786 REEL: 061033 FRAME: 0707



OFFICE USE ONLY

CERTIFICATE OF AMENDMENT

STOCK CORPORATION

Use ink. Print or type.

Attach additional 8 1/2 x 11 sheets if necessary

FILING PARTY (confirmation will be sent to this address):			
NAME:	Hubbell Lighting, Inc.		
ADDRESS:	1975 Noble Road	FILING FEE: \$100.00	
		Make checks payable to	
CITY:	East Cleveland	"Secretary of the State"	
STATE:	Ohio ZIP: 44112		
1. NAME C (e.g., Inc., Co	F CORPORATION (required) (must exactly match the name on record warp, Corporation, etc):	ith our, office, including the business designation,	
Hubbell Lie	ghting, Inc.		
2 STATE	MENT OF AMENDMENT (required) (check <u>only one</u> of the following	statements, 2A 28 g; 20)	
THE CER	TIFICATE OF INCORPORATION IS:		
	MENDED ONLY. In section 3A below, provide the full text of any ame of incorporation, including any name changes.	endments to the corporation's certificate	
	MENDED AND RESTATED. In section 3A below, provide the full to complete restatement of the corporation's certificate of incorporation.		
RESTATED. Attach one document consôlidating all previous amendments into the corporation's Certificate of Incorporation.			
3 GHEG	K THE BOX-3A. 3E ON THE NEXT PAGE. <u>OR</u> BOTH, AS APPLI	CABLE	
	TEXT OF AMENDMENTS / SPECIFIC PUBLIC BENEFITS If electing Benefit Corporation status in Section 3B on the next page, provide to	he text of the specific public benefits here, if any.}	
RESOLVED, that Paragraph 1 of the Corporation's Certificate of Incorporation be amended to read in its entirety as follows:			
"1. The name of the corporation is HLI Solutions, Inc."			

check box if additional pages are attached			

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REV. 11/2020

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SE STATEMENT ELECTING BENEFIT CORPORATION STATUS (Must check box 38 to elect benefit corporation status)				
The corporation elects to be a Benefit Corporation. In addition to the stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act.				
NOTE: If the Benefit Corporation adopts one or more specific public benefits in addition to the required general public benefit, check box 3A in addition to 3B, and set forth the specific public benefits in the space provided for in section 3A above.				
4. STATEMENT OF APPROVAL	(required) (must check the box for only one st	atement, 4A, 4B, 4C or 4D)		
THE AMENDMENT WAS APPROVED BY SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.				
THE AMENDMENT WAS APPROVED BY THE INCORPORATORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.				
THE AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS, NO SHAREHOLDER APPROVAL WAS REQUIRED.				
THE AMENDMENT WAS APPROVED BY A MINIMUM STATUS VOTE, AS REQUIRED BY THE CONNECTICUT BENEFIT CORPORATION ACT. SELECT D IF A MINIMUM STATUS VOTE RESULTED IN THE ELECTION OF BENEFIT CORPORATION STATUS.				
5. EXECUTION/SIGNATURE (required) (subject to penalty of false statement)				
DATE (mm/ad/yyyy): 02 / 01 / 2022				
NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE		
Inger Eckert	Vice President and Corporate Secretary			

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RECORDED: 08/01/2022

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