508069669 08/16/2023

#### PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT8116822

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

#### **CONVEYING PARTY DATA**

Name	Execution Date
PRESSCO IP LLC	12/30/2021

#### **RECEIVING PARTY DATA**

Name:	PTI IP LLC
Street Address:	6168 COCHRAN ROAD
City:	SOLON
State/Country:	OHIO
Postal Code:	44139

#### **PROPERTY NUMBERS Total: 1**

Property Type	Number
Application Number:	13102588

#### **CORRESPONDENCE DATA**

**Fax Number:** (216)363-9001

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:** 216.363.9000

**Email:** docketing@faysharpe.com **Correspondent Name:** LIPPES MATHIAS LLP

Address Line 1: 1228 EUCLID AVENUE, 5TH FLOOR

Address Line 2: THE HALLE BUILDING
Address Line 4: CLEVELAND, OHIO 44115

ATTORNEY DOCKET NUMBER:	PSSZ 200107US01	
NAME OF SUBMITTER:	JOSEPH D. DREHER	
SIGNATURE:	/JOSEPH D. DREHER/	
DATE SIGNED:	08/16/2023	

#### **Total Attachments: 5**

source=PTIP200107US01\_NAME-CHANGE#page1.tif source=PTIP200107US01\_NAME-CHANGE#page2.tif source=PTIP200107US01\_NAME-CHANGE#page3.tif source=PTIP200107US01\_NAME-CHANGE#page4.tif source=PTIP200107US01\_NAME-CHANGE#page5.tif

> PATENT REEL: 064614 FRAME: 0280

508069669



DATE 01/03/2022

Document(s)

DOCUMENT ID 202136400898

LIMITED LIABILITY COMPANY - AMENDMENT (LAM)

50.00

0.00

CERT 0.00

COPY 0.00

#### Receipt

This is not a bill. Please do not remit payment.

SINGERMAN, MILLS, DESBERG & KAUNTZ CO., L.P.A. 3333 RICHMOND ROAD **SUITE 370** CLEVELAND, OH 44122

# STATE OF OHIO CERTIFICATE

### Ohio Secretary of State, Frank LaRose 1984815

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

#### PTI IP LLC

and, that said business records show the filing and recording of:

LIMITED LIABILITY COMPANY - AMENDMENT

Document No(s):

Effective Date: 12/30/2021

202136400898



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of January, A.D. 2022.

**Ohio Secretary of State** 

Final Han

**PATENT** REEL: 064614 FRAME: 0281 Form 543A Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

(2) Domestic Limited Liability Company

## Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50
Form Must Be Typed

#### (CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

★ Amendment (129-LAM)	Restatement (142-LRA)	
12/23/2010	MM/DD/YYYY	
Date of Formation	Date of Formation	
(MM/DD/YYYY)	(MM/DD/YYYY)	
The undersigned authorized representative of:		
PRESSCO IP LLC		
Name of Limited Liability Company		
1984815		
Registration Number		
If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, all sections below must be completed.		
The name of said limited liability company shall be:		
PTI IP LLC		
Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Itd." or "Itd"		
This limited liability company shall exist for a period of:  Period of Existence		
Purpose		

Page 1 of 2

PATENT '2019 REEL: 064614 FRAME: 0282

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.		
Required	NATHANIEL TUCKER, AUTHORIZED REPRESENTATIVE	
Must be signed by a member, manager or other representative.	Signature	
If authorized representative is an individual, then they must sign in the "signature"	By (if applicable)	
box and print their name in the "Print Name" box.	Print Name	
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.	Signature  By (if applicable)	
	Print Name	
	Signature	
	By (if applicable)	
	Print Name	

**REEL: 064614 FRAME: 0283 RECORDED: 08/16/2023**