

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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

CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
ListenLogic LLC		06/18/2013	LIMITED LIABILITY COMPANY: PENNSYLVANIA

RECEIVING PARTY DATA	
Name:	Akuda Labs LLC
Street Address:	1100 East Hector Street
Internal Address:	Suite 415
City:	Conshohocken
State/Country:	PENNSYLVANIA
Postal Code:	19428
Entity Type:	LIMITED LIABILITY COMPANY: PENNSYLVANIA

PROPERTY NUMBERS Total: 3		
Property Type	Number	Word Mark
Serial Number:	85647130	AKUDA
Serial Number:	85835400	AKUDA LABS
Serial Number:	85835385	LISTENLOGIC

CORRESPONDENCE DATA	
Fax Number:	
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	(412) 741-8400
Email:	uspto@ferencelaw.com
Correspondent Name:	John W Goldschmidt, Jr
Address Line 1:	409 Broad Street
Address Line 4:	Pittsburgh, PENNSYLVANIA 15143

ATTORNEY DOCKET NUMBER:	316.001
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OP \$90.00 85647130

NAME OF SUBMITTER:	John W. Goldschmidt, Jr.
Signature:	/John W. Goldschmidt, Jr./
Date:	11/27/2013
Total Attachments: 5 source=AkudaChangeOfCorporateName#page1.tif source=AkudaChangeOfCorporateName#page2.tif source=AkudaChangeOfCorporateName#page3.tif source=AkudaChangeOfCorporateName#page4.tif source=AkudaChangeOfCorporateName#page5.tif	

Department of State
Bureau of Corporations and Charitable Organizations
P.O. Box 8722
Harrisburg, PA 17105-8722
(717) 787-1057
Web site: www.dos.state.pa.us/corps

Instructions for Completion of Form:

- A. Typewritten is preferred. If not, the form shall be completed in black or blue-black ink in order to permit reproduction. The filing fee for this form is \$250 made payable to the Commonwealth of Pennsylvania. Checks must contain a commercially pre-printed name and address.
- B. Under 15 Pa.C.S. § 135(c) (relating to addresses) an actual street or rural route box number must be used as an address, and the Department of State is required to refuse to receive or file any document that sets forth only a post office box address.
- C. The following, in addition to the filing fee, shall accompany this form:
- ✓ (1) If the amendment effects a change of name, one copy of a completed form DSCB:15-134B (Docketing Statement-Changes).
 - W/A (2) Any necessary copies of form DSCB:17.2.3 (Consent to Appropriation of Name).
 - (3) Any necessary governmental approvals.
- D. Under 15 Pa.C.S. § 8585(b) upon the filing of this form the application for registration as a foreign limited partnership, a foreign registered limited liability partnership, or a foreign limited liability company shall be amended accordingly and no amended certificate will be issued to the association by the Department.
- E. This form and all accompanying documents shall be mailed to the address stated above.

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Amendment of Registration-Foreign

(15 Pa.C.S. § 8585)

- Limited Partnership
 Registered Limited Liability Partnership
 Registered Limited Liability Company

Name AKUDA LABS LLC		
Address 1100 East Hector Street, Suite 415		
City Conshohocken, PA	State PA	Zip Code 19428

Document will be returned to the name and address you enter to the left.

Fee: \$250

In compliance with the requirements of 15 Pa.C.S. § 8585 (relating to amended certificate of registration), the undersigned, desiring to change the arrangements or other facts described in its application for registration as a foreign limited partnership, foreign registered limited liability partnership or a foreign limited liability company hereby states that:

1. The name under which the association was registered (or last registered) to do business in the Commonwealth of Pennsylvania is:

LISTENLOGIC LLC

2. The (a) address of its initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and street City State Zip County
500 Office Center Drive, Suite 104 Fort Washington, PA 19034

(b) Name of Commercial Registered Office Provider County
c/o:

3. (If applicable): The address of the registered office of the association in this Commonwealth is hereby changed to:

(a) Number and street City State Zip County
1100 East Hector Street, Suite 415 Conshohocken, PA 19428

(b) Name of Commercial Registered Office Provider County
c/o:

4. *If applicable:* The association desires that its registration be amended to change its name to:

AKUDA LABS LLC

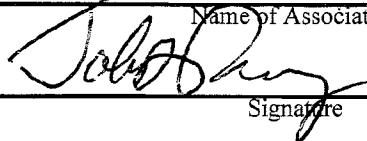
5. *If applicable:* The association desires that its registration be amended as follows in order to reflect arrangements or other facts that have changed.

IN TESTIMONY WHEREOF, the undersigned has caused this Certificate of Amendment of Registration to be signed by a duly authorized officer, member or manager thereof this

18th day of June, 2013.

JOHN TRACEY, AKUDA LABS LLC

Name of Association



Signature

CHIEF FINANCIAL OFFICER

Title

BUREAU USE ONLY:	
<input type="checkbox"/> Revenue	<input type="checkbox"/> Labor & Industry
<input type="checkbox"/> Other _____	
File Code _____	Filed Date _____

Part I. Complete for each filing:

Current name of entity or registrant (<i>survivor or new entity if merger or consolidation</i>): LISTENLOGIC LLC	
Entity number, if known: 3949153	Incorporation/qualification date in PA: 3/29/2010
State of Inc: DE	Federal EIN: 261737414 Specified effective date, if any: 6/1/2013

Part II. Check proper box:

<input checked="" type="checkbox"/> Amendment (complete Section A)	<input type="checkbox"/> Merger, Consolidation or Division (complete Section B,C or D)
<input type="checkbox"/> Consolidation (complete Section C)	<input type="checkbox"/> Division (complete Section D)
<input type="checkbox"/> Conversion (complete Section A & E)	<input type="checkbox"/> Correction (complete Section A)
<input type="checkbox"/> Termination (complete Section H)	<input type="checkbox"/> Revival (complete Section G)
<input type="checkbox"/> Dissolution before Commencement of Business (complete Section F)	

<input checked="" type="checkbox"/> Section A – Check box(es) which pertain to changes:
<input checked="" type="checkbox"/> Name: AKUDA LABS LLC
<input checked="" type="checkbox"/> Registered Office: Number & street/RD number & box number City State Zip County 1100 East Hector Street, Suite 415 Conshohocken, PA 19428
<input type="checkbox"/> Purpose:
<input type="checkbox"/> Stock (aggregate number of share authorized): _____ Effective date: _____
<input type="checkbox"/> Term of Existence: _____ Other: _____

<input type="checkbox"/> Section B – Merger Complete Section A if any changes to surviving entity:	
Merging Entities are: (<i>attach sheet for additional merging entities</i>)	
Name: _____	Entity #, if known: _____
Effective date: _____	Inc./qual. date in PA. _____ State of Inc. _____
Name: _____	Entity #, if known: _____
Effective date: _____	Inc./qual. date in PA. _____ State of Inc. _____

Section C - Consolidation

Consolidating Entities are: *(attach sheet for additional consolidating entities)*

Name:

Entity #, if known:

Inc./qual. date in PA.

State of Inc.

Name:

Entity #, if known:

Inc./qual. date in PA.

State of Inc.

Section D - Division

Forming new entity(s) named below: *(attached sheet for additional entities)*

Name:

Entity Number:

Name:

Entity Number:

Check one: Entity named in Part I survives. *(any changes, complete Section A)*

Entity named in Part I does not survive.

Section E - Conversion *(complete Section A)*

Check one: Converted from nonprofit to profit Converted from profit to nonprofit

Section F - Dissolved by Shareholders or Incorporators Before Commencement of Business

Section G - Statement of Revival *(complete Section A for any changes to revived entity)*

Entity named in Part I hereby revives its charter or articles which were forfeited by Proclamation or expired.

Section H - Statement of Termination *(attach sheet for additional entities involved)*

_____ filed in the Department of State on _____ is/are hereby terminated.
(type of filing made) month/date/year hour, if any

If merger, consolidation or division, list all entities involved, other than that listed in Part I:

Name:

Entity number:

Name:

Entity number: