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| (Requestor's Name) | | | | |
|---|-------------|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT | MAIL | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Statu | ıs | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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TM/SM OWNER NAME CHARGE

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: THE LEDGER | |
| | (Name of Mark) |
| The enclosed Certificate of Change of Name of Service Mark Registration and fee(s) are submi | the Registrant or Applicant of a Florida Trademark and/o |
| Please return all correspondence concerning thi | s matter to: |
| Randolph E. Digges, III | |
| (Contact Person) | . === |
| Rankin, Hill & Clark LLP | |
| (Firm/Company) | |
| P.O. Box 1150 | |
| (Address) | |
| Bonita Springs, FL 34133-1150 | |
| (City, State and Zip Code) | |
| For further information concerning this matter, | please call: |
| Randolph E. Digges, III | at (216) 566-9700 |
| (Name of Contact Person) | (Area Code and Daytime Telephone Number) |
| Enclosed is a check for the following amount: | |
| \$50 Filing Fee and Certificate of Registration (Free of Charge) | \$102.50 Filing Fee. Certified Copy. and Certificate of Registration (Free of Charge) |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 |

CERTIFICATE OF CHANGE OF NAME OF THE REGISTRANT OR APPLICANT OF A FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

| 1. | Name | e of Mark: THE LEDGER | | | |
|----|-----------------------------------|--|--|--|--|
| 2. | Registration Number: T10000000090 | | | | |
| 3. | Date of Registration: 01/27/2010 | | | | |
| 4. | a. | Name of owner as it appears on the trademark/service mark registration: CA FLORIDA HOLDINGS, INC. | | | |
| | ь. | Address of owner as it appears on the trademark/service mark registration: 175 SULLY'S TRAIL, 3RD FLOOR | | | |
| | | PITTSFORD, NY 14534 | | | |
| 5. | a. | New name of owner: | | | |
| | b. | CA FLORIDA HOLDINGS, LLC New mailing address, if applicable: | | | |
| | | | | | |
| | | | | | |

| SIGNATURE: | | |
|---|--|-------------|
| Owner's Signature: Helly | largeed Sail | |
| Typed/Printed Name of Person Signing | e Polly Grunfeld Gove | |
| STATE OF <u>New You</u> COUNTY OF <u>MONITOR</u> | , and the second | |
| COUNTY OF NOTIFIED | | |
| Sworn to and subscribed before me on | this 20th day of Oligust. | 20 19 |
| | Polly Grunfeld (Sack Enter Name of Person Signing Above) | |
| who is personally known to me or | whose identity I | |
| proved on the basis of | | |
| (Seal) Rachel N. Militello Mistery Public Seats of No. Medic | Rachel M. Miltillo Notary Public's Signature | FIL 7 E |
| Notary Public, State of New York Gualified in Microbe County Commission Expires May 27, 20 (20) I/o. 01 MI6187713 | Rachel N. Militello Notary Public's Printed Name | 5: 10 |
| My Commission Expires: | • | |
| (Attach additional sheet if necessary) | | |
| Filing fee: Certificate of Registration: Certified Copy (optional): | \$50.00 Issued Free of Charge \$52.50 | |