



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the form and instructions to assign a trademark and/or service mark registration.

- The fee to file the assignment is \$50 per class. Please make the check payable to the Florida Department of State. Please be advised that a certificate reflecting the name and address of the new owner is free of charge and will automatically be returned with your letter of acknowledgment.
- The assignment must be signed by the assignor (the old owner) and the assignee (the new owner). Both signatures must be notarized.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Mark to be assigned)

Dear Sir or Madam:

The enclosed Mark Assignment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$50 per class

ASSIGNMENT OF MARK REGISTRATION

1. The mark to be assigned is: _____

2. Registration Number: _____

3. (a) Assignor's name: _____

(b) Assignor's Business Address: _____

City/State/Zip

If Different, Assignor's Mailing Address: _____

City/State/Zip

4. (a) Assignee's name: _____

(b) Assignee's Business Address: _____

City/State/Zip

If Different, Assignee's Mailing Address: _____

City/State/Zip

(c) Assignee's telephone number: (_____) _____

Individual Corporation Joint Venture Limited Liability Company

General Partnership Limited Partnership Union Other: _____

If other than an individual,

(1) Florida registration/ document number: _____ (2) Domicile State: _____

(3) Federal Employer Identification Number: _____

5. All right, title and interest in and to said mark, together with the good will of the business in which the mark is used (or that part of the good will of the business connected with the use of and symbolized by the mark) is hereby

assigned by _____ to _____.
(the Assignor) (the Assignee)

6. Assignor's Signature: _____

By _____
(Typed or Printed Name of Person Signing Above)

On this _____ day of _____, _____, _____
personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____

(Notary Seal)

Signature of Notary Public

7. Assignee's Signature: _____

By _____
(Typed or Printed Name of Person Signing Above)

On this _____ day of _____, _____, _____
personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____

(Notary Seal)

Signature of Notary Public

FILING FEE: \$50 per class
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314