



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/17/2018	201809502600	Trade Name/Assignment (RNA)	25.00	0.00	0.00	0.00

Receipt

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

EASTMAN AND SMITH LTD.
P.O. BOX 10032
TOLEDO, OH 43699-0032

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
4008952

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

TOLEDO VILLA FC

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

Document(s)

Document No(s):

Trade Name/Assignment

201809502600

Effective Date: 04/05/2018

Expiration Date: 03/24/2022

CLEATS UP, LLC
145 CHESTERFIELD LANE
MAUMEE, OH 43537



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
17th day of April, A.D. 2018.

Ohio Secretary of State

Form 524A Prescribed by:

JON HUSTED
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

[For screen readers, follow instructions located at this path.](#)

Trade Name or Fictitious Name Registration Update

Filing Fee: \$25

Form Must Be Typed

- | | |
|--|--|
| ☒ (1) Assignment of Registered Name
(116-RNA) | ☐ (2) Change of Nature of Business
(999-GEN) |
| ☐ (3) Change of Address for Registrant
(176-RNB) | ☐ (4) Cancellation of Registration
(184-RNX) |
| ☐ (5) Change of Partners of Registrant, if Registrant is a General Partnership
(999-GEN) | |

Trade Name or Fictitious Name	TOLEDO VILLA FC
Registration Number	4008952
Name of Current Registrant	Glass City Sports, LLC

Complete the information in this section if box (1) is checked above

New Registrant's Name	Cleats Up, LLC		
New Registrant's Charter/Registration/License Number in Ohio (if applicable)			
New Registrant's Address			
Mailing Address	145 Chesterfield Lane		
City	Maumee	State	Ohio
ZIP Code	43537		

If new registrant is a General Partnership NOT registered in Ohio pursuant to ORC 1776, please provide the name and address of at least one general partner.

Name

Address

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

Complete the information in this section if box (2) is checked

The general nature of business conducted by the registrant:

Complete the information in this section if box (3) is checked

Registrant's New Address

Mailing Address

City

State

Ohio

ZIP Code

No additional information required if box (4) is checked above. Please sign form below.

Complete the information in this section if box (5) is checked

New General Partner(s) names(s) and addresses

Name

Address

Note: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio.

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

Application must be signed by the registrant or an authorized representative.

Danny Fisher, Authorized Representative

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" 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.