

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM430308

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Universal Retirement Solutions, Inc.		12/28/2016	Corporation: MINNESOTA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Goldleaf Partners Services, Inc.		
<b>Street Address:</b>	8009 34th Ave S #320		
<b>City:</b>	Bloomington		
<b>State/Country:</b>	MINNESOTA		
<b>Postal Code:</b>	55425		
<b>Entity Type:</b>	Corporation: MINNESOTA		
<b>PROPERTY NUMBERS Total: 5</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	87334156	REDEFINING EASY	
<b>Registration Number:</b>	4693572	FIDUCIARY ASSISTANT	
<b>Registration Number:</b>	4582865	GOLDLEAF PARTNERS	
<b>Registration Number:</b>	4582863	EXPERIENCE THE GOLD STANDARD	
<b>Registration Number:</b>	4582860	GOLDLEAF PARTNERS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	6123351657		
<i>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.</i>			
<b>Phone:</b>	6123351799		
<b>Email:</b>	trademark.mpl@stinson.com		
<b>Correspondent Name:</b>	Ruth Rivard		
<b>Address Line 1:</b>	150 South Fifth Street, Suite 2300		
<b>Address Line 4:</b>	Minneapolis, MINNESOTA 55402		
<b>NAME OF SUBMITTER:</b>	Ruth Rivard		
<b>SIGNATURE:</b>	/Ruth Rivard/		
<b>DATE SIGNED:</b>	06/07/2017		
<b>Total Attachments: 3</b>			
source=Amendment to Articles of Incorporation - Name Change to Goldleaf Partners Services, Inc. (ID			

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27089)#page1.tif

source=Amendment to Articles of Incorporation - Name Change to Goldleaf Partners Services, Inc. (ID 27089)#page2.tif

source=Amendment to Articles of Incorporation - Name Change to Goldleaf Partners Services, Inc. (ID 27089)#page3.tif

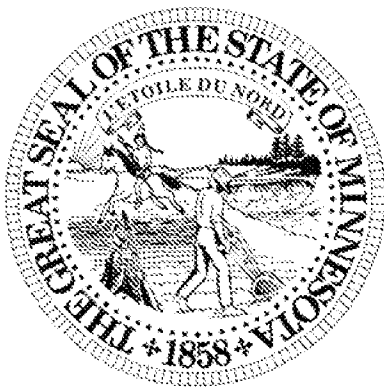
## Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

### Filing(s) filed on:

<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
12/28/2016	Amendment - Business Corporation (Domestic)	924146200028

This certificate has been issued on: 04/28/2017

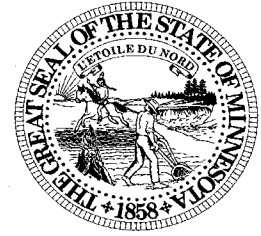


A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota

**Office of the Minnesota Secretary of State**  
**Minnesota Business & Nonprofit Corporations**  
**Amendment to Articles of Incorporation**

*Minnesota Statutes, Chapter 302A or 317A*



**Read the instructions before completing this form.**

**Filing Fee: \$55 for expedited service in-person and online filings, \$35 for mail**

1. Corporate Name: (Required)

Universal Retirement Solutions, Inc.

*List the name of the company prior to any desired name change*

2. This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days **after** filing with the Secretary of State.

Format: (mm/dd/yyyy)

3. The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

ARTICLE

1

The name of the corporation shall be Goldleaf Partners Services, Inc.

4. This amendment has been approved pursuant to *Minnesota Statutes*, Chapter 302A or 317A.

5. I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Michael E. King

Signature of Authorized Person or Authorized Agent

12/28/16

Date

**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

michaelk@goldleafpartners.com

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

**List a name and daytime phone number of a person who can be contacted about this form:**

M King

Contact Name

952-215-3027

Phone Number

**Entities that own, lease, or have any financial interest in agricultural land or land capable of being farmed must register with the MN Dept. of Agriculture's Corporate Farm Program.**

Does this entity own, lease, or have any financial interest in agricultural land or land capable of being farmed?

Yes  No

**TRADEMARK**  
**REEL: 006078 FRAME: 0529**



**Work Item 924146200028**  
**Original File Number 12S-114**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
FILED  
**12/28/2016 11:59 PM**

*Steve Simon*

Steve Simon  
Secretary of State