

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM497037

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Maxn Systems Inc.		09/25/2014	Corporation:
RECEIVING PARTY DATA			
Name:	Visitorscoverage Inc.		
Street Address:	2350 Mission College Blvd. Ste 1140		
City:	Santa Clara		
State/Country:	CALIFORNIA		
Postal Code:	95054		
Entity Type:	Corporation: CALIFORNIA		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	4138941	MAXN	
CORRESPONDENCE DATA			
Fax Number:	4155248685		
<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>			
Phone:	415-524-8683		
Email:	krea@perryip.com		
Correspondent Name:	E. Lynn Perry		
Address Line 1:	900 Larkspur Landing Circle Ste 226		
Address Line 4:	Larkspur, CALIFORNIA 94939		
NAME OF SUBMITTER:	E. Lynn Perry		
SIGNATURE:	/elp/		
DATE SIGNED:	11/06/2018		
Total Attachments: 2			
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source=Cert Copy Name Change Maxn Systems Inc#page2.tif			

OP \$40.00 4138941

ACTO

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Secretary of State
State of California

Certificate of Amendment of Articles of Incorporation

4cc SEP 26 2014

The undersigned certify that:

1. They are the **president** and the **secretary**, respectively, of **MAXN SYSTEMS INC.**, a California corporation.

2. Article **ONE** of the Articles of Incorporation of this corporation is amended to read as follows:

The name of this corporation is **VISITORS COVERAGE INC.**

3. The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.

4. The corporation has issued no shares.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

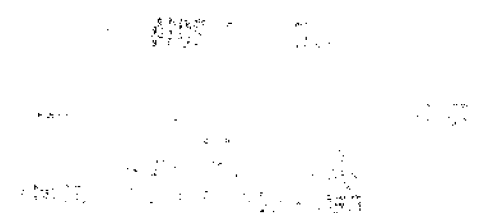
DATE: 9/25/2014

X

Rajeev Shrivastava, **President**

X

Nidhi Shrivastava, **Secretary**





I hereby certify that the foregoing transcript of _____ page(s) is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.

OCT 01 2014 GA

Date: _____

Debra Bowen
DEBRA BOWEN, Secretary of State

TRADEMARK

REEL: 006534 FRAME: 0696

RECORDED: 11/06/2018