

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM529582

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Confie Insurance Group Holdings, Inc.		12/31/2015	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	Confie Insurance Group Holdings, LLC		
Street Address:	7711 Center Avenue, Suite 200		
City:	Huntington Beach		
State/Country:	CALIFORNIA		
Postal Code:	92647		
Entity Type:	Limited Liability Company: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	2354505	USAGENCIES	
Registration Number:	2378677	USAGENCIES	
CORRESPONDENCE DATA			
Fax Number:	7145469035		
<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:	714-641-5100		
Email:	lweiland@rutan.com		
Correspondent Name:	RUTAN & TUCKER, LLP		
Address Line 1:	611 ANTON BLVD, SUITE 1400		
Address Line 4:	COSTA MESA, CALIFORNIA 92626		
NAME OF SUBMITTER:	Lindy M. Herman		
SIGNATURE:	/Lindy M. Herman/		
DATE SIGNED:	06/27/2019		
Total Attachments: 4			
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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "CONFIE INSURANCE GROUP HOLDINGS, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "CONFIE INSURANCE GROUP HOLDINGS, INC." TO "CONFIE INSURANCE GROUP HOLDINGS, LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2015, AT 10:35 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF CONVERSION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2015 AT 11:59 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5335363 8100V
SR# 20151573064

You may verify this certificate online at corp.delaware.gov/authver.shtml

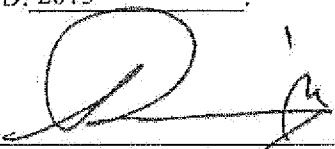
Authentication: 201607392
Date: 01-04-16

TRADEMARK
REEL: 006680 FRAME: 0065

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

- 1.) The jurisdiction where the Corporation first formed is Delaware.
- 2.) The jurisdiction immediately prior to filing this Certificate is Delaware.
- 3.) The date the corporation first formed is May 15, 2013.
- 4.) The name of the Corporation immediately prior to filing this Certificate is Confie Insurance Group Holdings, Inc.
- 5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is Confie Insurance Group Holdings, LLC.
- 6.) The effective date and time of this Certificate of Conversion shall be December 31, 2015 at 11:59 p.m.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 29th day of December, A.D. 2015.

By: 
Authorized Person

Name: Robert Trebing, CFO/Secretary
Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "CONFIE INSURANCE GROUP HOLDINGS, LLC" FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2015, AT 10:35 O`CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2015 AT 11:59 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

5335363 8100V
SR# 20151573064

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201607392
Date: 01-04-16

TRADEMARK
REEL: 006680 FRAME: 0067

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is _____
Confie Insurance Group Holdings, LLC


Second: The address of its registered office in the State of Delaware is _____
2711 Centerville Road, Suite 400 _____ in the City of Wilmington
Zip code 19808. The name of its Registered agent at such address is
Corporation Service Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

The effective date and time of this Limited Liability Company Certificate of Formation shall be December 31, 2015 at 11:59 p.m.

In Witness Whereof, the undersigned have executed this Certificate of Formation this
29th day of December, 2015.

By: 
Authorized Person (s)

Name: Robert Trebling, CFO/Secretary