

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM536688

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT		
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Assignee previously recorded on Reel 006704 Frame 0842. Assignor(s) hereby confirms the the Assignee is "Freeway Insurance Services America, LLC".		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
InsureOne Independent Insurance Agency, LLC		06/04/2019	Limited Liability Company: ILLINOIS
RECEIVING PARTY DATA			
Name:	Freeway Insurance Services America, LLC		
Street Address:	4450 Sojourn Drive, Suite 500		
City:	Addison		
State/Country:	TEXAS		
Postal Code:	75001		
Entity Type:	Limited Liability Company: ILLINOIS		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Serial Number:	75800613	INSUREONE	
Registration Number:	2231104	SEGUROS UNO	
Registration Number:	2382054	THE INSURANCE SUPERSTORE	
Registration Number:	2104485	INSURE ONE	
Registration Number:	2104486	INSURE ONE	
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:	08/15/2019		

CH \$140.00 75800613

Total Attachments: 6

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TRADEMARK ASSIGNMENT COVER SHEET

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 Stylesheet Version v1.2

ETAS ID: TM533584

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
RESUBMIT DOCUMENT ID:	900507832		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
InsureOne Independent Insurance Agency, LLC		06/04/2019	Limited Liability Company: ILLINOIS
RECEIVING PARTY DATA			
Name:	Freeway Insurance ^{services} America, LLC		
Street Address:	4450 Sojourn Drive, Suite 500		
City:	Addison		
State/Country:	TEXAS		
Postal Code:	75001		
Entity Type:	Limited Liability Company: ILLINOIS		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Serial Number:	75800613	INSUREONE	
Registration Number:	2231104	SEGUROS UNO	
Registration Number:	2382054	THE INSURANCE SUPERSTORE	
Registration Number:	2104486	INSURE ONE	
Registration Number:	2104485	INSURE ONE	
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		
ATTORNEY DOCKET NUMBER:	102142.0000		
NAME OF SUBMITTER:	Lindy M. Herman		
SIGNATURE:	/Lindy M. Herman/		
DATE SIGNED:	07/25/2019		



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

JULY 29, 2019

PTAS

RUTAN & TUCKER, LLP
611 ANTON BLVD, SUITE 1400
COSTA MESA, CA 92626

900508199

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT RECORDATION BRANCH OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE ASSIGNMENT RECORDATION BRANCH AT 571-272-3350. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, MAIL STOP: ASSIGNMENT RECORDATION BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.

RECORDATION DATE: 07/23/2019

REEL/FRAME: 6704/0842
NUMBER OF PAGES: 5

BRIEF: CHANGE OF NAME

DOCKET NUMBER: 102142.0000

ASSIGNOR:

INSUREONE INDEPENDENT INSURANCE
AGENCY, LLC

DOC DATE: 06/04/2019
CITIZENSHIP: ILLINOIS
ENTITY: LIMITED LIABILITY COMPANY

ASSIGNEE: Freeway Insurance Services America, LLC

~~FREEWAY INSURANCE AMERICA, LLC~~

CITIZENSHIP: ILLINOIS
ENTITY: LIMITED LIABILITY COMPANY

4450 SOJOURN DRIVE, SUITE 500
ADDISON, TEXAS 75001

SERIAL NUMBER: 74101980

FILING DATE: 10/01/1990

REGISTRATION NUMBER: 2104485

REGISTRATION DATE: 10/14/1997

MARK: INSURE ONE

DRAWING TYPE: AN ILLUSTRATION DRAWING WHICH INCLUDES WORD(S) / LETTER(S)
/NUMBER(S)

SERIAL NUMBER: 74101998

FILING DATE: 10/01/1990

REGISTRATION NUMBER: 2104486

REGISTRATION DATE: 10/14/1997

MARK: INSURE ONE

DRAWING TYPE: TYPESET WORD(S) /LETTER(S) /NUMBER(S)

SERIAL NUMBER: 75184143 FILING DATE: 10/21/1996
REGISTRATION NUMBER: 2231104 REGISTRATION DATE: 03/09/1999
MARK: SEGUROS UNO
DRAWING TYPE: TYPESET WORD(S) /LETTER(S) /NUMBER(S)

SERIAL NUMBER: 75266853 FILING DATE: 03/31/1997
REGISTRATION NUMBER: 2382054 REGISTRATION DATE: 09/05/2000
MARK: THE INSURANCE SUPERSTORE
DRAWING TYPE: TYPESET WORD(S) /LETTER(S) /NUMBER(S)

SERIAL NUMBER: 75800613 FILING DATE: 09/16/1999
REGISTRATION NUMBER: 2372895 REGISTRATION DATE: 08/01/2000
MARK: INSUREONE
DRAWING TYPE: AN ILLUSTRATION DRAWING WITH WORD(S) /LETTER(S)/ NUMBER(S) IN
STYLIZED FORM

ASSIGNMENT RECORDATION BRANCH
PUBLIC RECORDS DIVISION



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

00634182

06/04/2019

ILLINOIS CORPORATION SERVICE C
801 ADLAI STEVENSON DRIVE
SPRINGFIELD, IL 62703-4261

RE FREEWAY INSURANCE SERVICES AMERICA, LLC

DEAR SIR OR MADAM:

ARTICLES OF AMENDMENT HAVE BEEN PLACED ON FILE AND THE LIMITED LIABILITY COMPANY CREDITED WITH THE REQUIRED FILING FEE.

SINCERELY YOURS,

JESSE WHITE
ILLINOIS SECRETARY OF STATE
DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY DIVISION
(217) 524-8008

Form **LLC-5.25**

July 2017

Secretary of State

Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

Payment may be made by check payable to Secretary of State. If check is returned for any reason this filing will be void.

Illinois
Limited Liability Company Act
Articles of Amendment

SUBMIT IN DUPLICATE

Type or print clearly.

Filing Fee: \$150 *50*

Approved: *[Signature]*

FILE # 00634182

This space for use by Secretary of State.

FILED

JUN 04 2019

JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name: INSUREONE INDEPENDENT INSURANCE AGENCY, LLC

2. Articles of Amendment effective on:

the file date.

a later date (not to exceed 30 days after the file date) _____

Month, Day, Year

3. Articles of organization are amended as follows (check applicable item(s) below):

- a) Admission of a new manager (give name and address below)*
- b) Withdrawal of a manager (give name below)
- c) Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, a P.O. Box alone or C/O is unacceptable)
- d) Change of registered agent and/or registered agent's office (give new name and/or address below, address change to P.O. Box alone or C/O is unacceptable)
- e) Change in the Limited Liability Company's name (give new name below)**
- f) Change in date of dissolution (state perpetual or date of dissolution below)
- g) Establish authority to issue series (fee \$400, see NOTE)
- h) Other (give information in space below)*

* Only managers and any member with the authority of manager are required to be reported.

Additional information:

**New name of LLC (as changed): FREEWAY INSURANCE SERVICES AMERICA, LLC

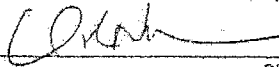
The name as changed must contain the words Limited Liability Company, LLC or L.L.C.

(continued)

LLC-5.25

4. The amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act.
5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated: June 3 2019
Month/Day Year


Signature

Carol R Newman EVP/GC/Corporate Secretary
Name and Title (type or print)

INSUREONE INDEPENDENT INSURANCE AGENCY, LLC
If applicant is signing for a company or other entity,
state name of company or entity.

NOTE:

The following paragraph is adopted when Item 3g is checked:

The operating agreement provides for the establishment of one or more series. When the company has filed a Certificate of Designation for each series, which is to have limited liability pursuant to Section 37-40 of the Illinois Limited Liability Company Act, the debts, liabilities and obligations incurred, contracted for or otherwise existing with respect to a particular series shall be enforceable against the assets of such series only, and not against the assets of the Limited Liability Company generally or any other series thereof, and unless otherwise provided in the operating agreement, none of the debts, liabilities, obligations or expenses incurred, contracted for or otherwise existing with respect to this company generally or any other series thereof shall be enforceable against the assets of such series.