

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM545069

<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>
CSRS Insurance Services, LLC		06/28/2019	Limited Liability Company: ILLINOIS
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	INSUREONE INSURANCE SERVICES AMERICA, LLC		
<b>Street Address:</b>	7711 CENTER AVE., SUITE 200		
<b>City:</b>	Huntington Beach		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	92647		
<b>Entity Type:</b>	Limited Liability Company: ILLINOIS		
<b>PROPERTY NUMBERS Total: 11</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	88409777	1	
<b>Serial Number:</b>	88409774	INSUREONE	
<b>Serial Number:</b>	88409770	INSUREONE	
<b>Serial Number:</b>	78525693	WDPG	
<b>Serial Number:</b>	74101980	INSURE ONE	
<b>Serial Number:</b>	74101998	INSURE ONE	
<b>Serial Number:</b>	75800613	INSUREONE	
<b>Serial Number:</b>	75184143	SEGUROS UNO	
<b>Serial Number:</b>	75266853	THE INSURANCE SUPERSTORE	
<b>Serial Number:</b>	85955494	KELLER GROUP	
<b>Serial Number:</b>	78525685	WELDING DISTRIBUTORS PARTNERING GROUP	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	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>			
<b>Phone:</b>	714-641-5100		
<b>Email:</b>	lweiland@rutan.com		
<b>Correspondent Name:</b>	RUTAN & TUCKER, LLP		
<b>Address Line 1:</b>	611 ANTON BLVD, SUITE 1400		

CH \$290.00 88409777

<b>Address Line 4:</b>	COSTA MESA, CALIFORNIA 92626
<b>NAME OF SUBMITTER:</b>	Lindy M. Herman
<b>SIGNATURE:</b>	/Lindy M. Herman/
<b>DATE SIGNED:</b>	10/14/2019
<b>Total Attachments: 3</b> source=CSRS Name Change#page1.tif source=CSRS Name Change#page2.tif source=CSRS Name Change#page3.tif	



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE-Secretary of State

06371973

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

JUNE 28, 2019

RE INSUREONE 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: \$50

Approved: *[Signature]*

FILE # 06371973

This space for use by Secretary of State.

**FILED**

JUN 27 2019

JESSE WHITE  
SECRETARY OF STATE

1. Limited Liability Company name: CSRS Insurance Services, 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 \$300, 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:

InsureOne Insurance Services America, LLC

\*\*New name of LLC (as changed): \_\_\_\_\_

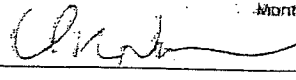
A professional LLC registered with the Illinois Department of Financial and Professional regulations must contain the term Professional Limited Liability Company, PLLC or P.L.L.C. in its name. The specific professional service must also be stated in its purpose.

(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 26 2019  
Month/Day Year



Signature

Carol R. Newman, EVP/GC/ Corporate Secretary

Name and Title (type or print)

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.