

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM563841

<b>SUBMISSION TYPE:</b>	RESUBMISSION
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>RESUBMIT DOCUMENT ID:</b>	900533698

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Carrier & Technology Solutions, LLC		09/10/2019	Limited Liability Company: DELAWARE

**RECEIVING PARTY DATA**

<b>Name:</b>	Guardia LLC
<b>Street Address:</b>	5900 N ANDREWS AVE.
<b>Internal Address:</b>	Suite 1000
<b>City:</b>	Fort Lauderdale
<b>State/Country:</b>	FLORIDA
<b>Postal Code:</b>	33309
<b>Entity Type:</b>	Limited Liability Company: DELAWARE

**PROPERTY NUMBERS Total: 20**

Property Type	Number	Word Mark
<b>Serial Number:</b>	88041457	INSUREPAY POWERED BY CTS INFORMATION SER
<b>Serial Number:</b>	88660123	SIT OR STAND
<b>Serial Number:</b>	88569793	SIT OR STAND FOR LIQUOR LIABILITY LOSS P
<b>Serial Number:</b>	88318840	JOBSITEGUARD
<b>Registration Number:</b>	5875944	MGAGUARD
<b>Registration Number:</b>	5846794	CWI
<b>Serial Number:</b>	88389915	WHAT YOU WANT WHEN YOU WANT IT.
<b>Serial Number:</b>	88357709	COUNTERFEITGUARD
<b>Registration Number:</b>	5708682	CWI
<b>Registration Number:</b>	5708681	CWIBENEFITS
<b>Serial Number:</b>	87498084	WHERE INSURANCE EXPERTISE MEETS TECHNOLO
<b>Registration Number:</b>	4519187	CARRIER & TECHNOLOGY SOLUTIONS
<b>Registration Number:</b>	4934231	INSUREPAY
<b>Registration Number:</b>	3947492	INSUREPAY
<b>Registration Number:</b>	4500840	CARRIER AND TECHNOLOGY SOLUTIONS, INC.
<b>Registration Number:</b>	4332954	FORZALIEN
<b>Registration Number:</b>	4332953	FORZA LIEN

TRADEMARK

Property Type	Number	Word Mark
Registration Number:	4450359	FORZA LIEN
Registration Number:	3495370	INSURELINX
Serial Number:	85327684	DECISION UR

**CORRESPONDENCE DATA**

**Fax Number:** 2157012273

*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.*

**Phone:** 2156657273

**Email:** cmiller@cozen.com

**Correspondent Name:** Camille M. Miller

**Address Line 1:** 1650 Market Street

**Address Line 2:** Suite 2800

**Address Line 4:** Philadelphia, PENNSYLVANIA 19103

<b>ATTORNEY DOCKET NUMBER:</b>	CTSL0001US/432815
<b>NAME OF SUBMITTER:</b>	Camille M. Miller
<b>SIGNATURE:</b>	/Camille M. Miller/
<b>DATE SIGNED:</b>	02/26/2020
<b>Total Attachments: 0</b>	

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