TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

ETAS ID: TM825139

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Realogy Insurance Agency, Inc.		01/09/2023	Corporation:

RECEIVING PARTY DATA

Name:	Anywhere Insurance Agency Inc.
Street Address:	225 Cedar Hill Street #200
City:	Marlborough
State/Country:	MASSACHUSETTS
Postal Code:	01752
Entity Type:	Corporation: MASSACHUSETTS

PROPERTY NUMBERS Total: 2

Property Type Number		Word Mark
Serial Number:	97785416	PROTECTING OUR CLIENTS AT EVERY STAGE OF
Serial Number:	97770270	THE INSURANCE COVERAGE YOU NEED, FROM A

CORRESPONDENCE DATA

Fax Number:

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.

Email: legal-uspto@anywhere.re

Correspondent Name: Melissa Berger Address Line 1: 175 Park Avenue

Address Line 4: Madison, NEW JERSEY 07940

ATTORNEY DOCKET NUMBER:	AIS
NAME OF SUBMITTER:	Melissa Berger
SIGNATURE:	/MELISSA BERGER/
DATE SIGNED:	07/18/2023

Total Attachments: 5

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The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED	Articles of Amendment	FORM MUST BE TYPED
(General	Laws Chapter 156D, Section 10.06; 95	50 CMR 113.34)
(1) Exact name of corporation: REAL	OGY INSURANCE AGENCY, INC.	
(2) Registered office address: 225 Ce	dar Hill Street #200 MARLBOROUGH,	MA 01752
	(number, street, city or town, state,	zip code)
(3) These articles of amendment affect	article(s): 1	
	(specify the number(s) of article(s) being a	amended (I-VI))
(4) Date adopted: January 9, 2023		(month, day, year)
(5) Approved by:		
(check appropriate box)		
☐ the incorporators.		
☐ the board of directors withou	it shareholder approval and shareholder appro	oval was not required.
the board of directors and the	e shareholders in the manner required by law	and the articles of organization.
	ext of the amendment. Unless contained in the	ne text of the amendment, state the provisions

1. The name of the corporation is amended to Anywhere Insurance Agency Inc.

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To change the number of shares and the par value, * if any, of any type, or to designate a class or series, of stock, or change a designation of class or series of stock, which the corporation is authorized to issue, complete the following:

Total authorized prior to amendment:

WITHOUT PAR VALUE		WITH PAR VALUE		
TYPE	NUMBER OF SHARES	TYPE	NUMBER OF SHARES	PAR VALUE
Anna and an and an and an		E CONTRACTOR DE LA CONT		

Total authorized after amendment:

WITHOUT PAR VALUE		TO THE	WITH PAR VALUE	
TYPE	NUMBER OF SHARES	TYPE	NUMBER OF SHARES	PAR VALUE

(7) The amendment shall be effective at the time and	on the date approved by the Division.	, unless a later effective date n	ot more than 90
days from the date and time of filing is specified:			

	Docusigned by:		
Signed t	Mike Gozdan 874EE25F8C184EC	Michael P. Gozdan, Secretary	
-	•	(signature of authorized individual)	
	Chairman of the board of directors,		
	President,		
0	Other officer,		
	Court-appointed fiduciary,		



MAURA HEALEY
GOVERNOR

KIM DRISCOLL LIEUTENANT GOVERNOR

COMMONWEALTH OF MASSACHUSETTS

Office of Consumer Affairs and Business Regulation DIVISION OF INSURANCE

1000 Washington Street, Suite 810 • Boston, MA 02118-6200 (617) 521-7794 • Toll-free (877) 563-4467 http://www.mass.gov/doi

> MIKE KENNEALY SECRETARY OF HOUSING AND ECONOMIC DEVELOPMENT

EDWARD A. PALLESCHI UNDERSECRETARY OF CONSUMER AFFAIRS AND BUSINESS REGULATION

> GARY D. ANDERSON COMMISSIONER OF INSURANCE

February 10, 2023

Realogy Insurance Agency, Inc 225 CEDAR HILL ST STE 200 MARLBOROUGH, MA 01752

RE: Amended Name Approval

The amended name request for your Foreign Corporation has been approved by the Division of Insurance. The following steps must be taken so that your amended corporate/LLC name can be used in the Commonwealth of Massachusetts:

- File the Certificate of Amendment with the Massachusetts Secretary of State's Office; there is a fee required.
- Once your name has been amended with the Massachusetts Secretary of State's Office, submit a Certificate of good standing from the Secretary of State's Office of the Commonwealth of Massachusetts to the Division of Insurance Producer Licensing Department at the address below.
- These documents may be emailed to <u>DOIRegistrationDocs@mass.gov</u>

If you are unable to email the certificate, you may send it to:

Duncan Kayondo MA Division of Insurance 1000 Washington St., Suite 810 Boston, MA 02118 MA SOC Filing Number: 202374771270 Date: 2/10/2023 9:37:00 AM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

February 10, 2023 09:37 AM

WILLIAM FRANCIS GALVIN

Statum Train Dalies

Secretary of the Commonwealth

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