

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM828300

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Crosspointe Insurance & Financial Services, LLC		07/20/2021	Corporation: INDIANA
RECEIVING PARTY DATA			
Name:	Eversurance, LLC		
Street Address:	1101 N. Royal Avenue, Suite A		
City:	Evansville		
State/Country:	INDIANA		
Postal Code:	47715		
Entity Type:	Limited Liability Company: INDIANA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	6619838	CROSSPOINTE INSURANCE ADVISORS	
Registration Number:	6614844	CROSSPOINTE	
CORRESPONDENCE DATA			
Fax Number:	6175265000		
<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:	617-526-6658		
Email:	janey.davidson@wilmerhale.com		
Correspondent Name:	John V. Hobgood, Esquire		
Address Line 1:	Wilmer Cutler Pickering Hale and DorrLLP		
Address Line 2:	60 State Street		
Address Line 4:	Boston, MASSACHUSETTS 02109		
ATTORNEY DOCKET NUMBER:	2214919.135		
NAME OF SUBMITTER:	John V. Hobgood		
SIGNATURE:	/john v. hobgood/		
DATE SIGNED:	07/31/2023		
Total Attachments: 2			
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OP \$65.00 6619838



**ARTICLES OF AMENDMENT OF THE
ARTICLES OF ORGANIZATION**

State Form 49460 (R11 / 6-19)

**SECRETARY OF STATE
BUSINESS SERVICES DIVISION**
302 West Washington Street, Room E018
Indianapolis, IN 46204
Telephone: (317) 232-6576
www.sos.in.gov

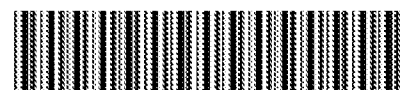
- INSTRUCTIONS:**
1. Use 8 ½" x 11" white paper for attachments.
 2. Please **TYPE** or **PRINT in INK**.
 3. Please visit our office on the web at www.sos.in.gov
 4. Make check or money order payable to the Secretary of State.
 5. Submit original completed paperwork and payment to: 302 West Washington Street, Room E-018, Indianapolis, IN 46204.

INFORMATION CONTAINED ON THIS PAGE IS NOT PART OF THE PUBLIC RECORD.

Name of business
Crosspointe Insurance & Financial Services, LLC
E-mail address of business (SOS use only)

RETURN DOCUMENTS TO:

Name		
David Mason		
Street address, line 1		
EverQuote, Inc.		
Street address, line 2		
210 Broadway		
City	State	ZIP code
Cambridge	MA	02139
Telephone number	E-mail address (If different from above – SOS use only)	
(617) 245-0615	dmason@everquote.com	



TRADEMARK
REEL: 008150 FRAME: 0666



**ARTICLES OF AMENDMENT OF THE
ARTICLES OF ORGANIZATION**

State Form 49460 (R11 / 6-19)

Indiana Code 23-18-2-5
23-0.5-9-20

FILING FEE: \$30.00

The undersigned manager or member of the above referenced Limited Liability Company (hereinafter referred to as the "LLC") existing pursuant to the provisions of: Indiana Business Flexibility Act as amended (hereinafter referred to as the "Act"), desiring to give notice of action effectuating amendment of certain provisions of its Articles of Organization, certifies the following facts:

ARTICLE I – AMENDMENT(S)

SECTION 1: The name of the Limited Liability Company is:
Crosspointe Insurance & Financial Services, LLC

SECTION 2: The date of organization of the Limited Liability Company is (month, day, year):
January 2, 2008

SECTION 3: The name of the Limited Liability Company following this amendment to the Articles of Organization is:
Eversurance, LLC

SECTION 4:
The exact text of Article(s) I of the Articles of Organization is now as follows:
Eversurance, LLC
1101 N. Royal Ave Suite A, Evansville, IN 47715

SECTION 5:
 The above-named Limited Liability Company (LLC) desires to changes its entity type to a Domestic Master LLC.

Name of the Master LLC (Please note: The name must meet the requirements of Indiana Code 23-18.1-6-7.)

The Master LLC is authorized to designate one (1) or more Series.

ARTICLE II

Date of each amendment's adoption (month, day, year)

ARTICLE III – REGISTERED AGENT INFORMATION

To determine if your Registered Agent is a Commercial Registered Agent (CRA), go to INBIZ.in.gov.

Provide either commercial registered agent or noncommercial registered agent information below.

<input checked="" type="checkbox"/> Commercial registered agent	Name of registered agent (Do not provide address.) CT Corporation System
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OR

<input type="checkbox"/> Noncommercial registered agent	Name of registered agent
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Address (number and street) (A P.O. Box is not acceptable unless accompanied by a Rural Route number.)	City	State IN	ZIP code
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(OPTIONAL) E-mail address of the registered agent at which the registered agent will accept electronic service of process

By checking the box, the Signator(s) represent(s) that the Registered Agent named in these Articles of Amendment has consented to the appointment of Registered Agent.

ARTICLE IV – COMPLIANCE WITH LEGAL REQUIREMENTS

The manner of the adoption of the Articles of Amendment constitutes full legal compliance with the provisions of the Act, and the Articles of Organization.

I hereby verify, subject to penalties of perjury, that the statements contained herein are true,

this 20 day of July, 2021.

Signature

Printed name David Mason	Title Secretary
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