

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM312142

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Workplace Benefits, LLC		02/25/2014	LIMITED LIABILITY COMPANY: DELAWARE
RECEIVING PARTY DATA			
Name:	Workplace Options, LLC		
Street Address:	3020 Highwoods Blvd		
City:	Raleigh		
State/Country:	NORTH CAROLINA		
Postal Code:	27604		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3483170	WORKPLACE OPTIONS	
Registration Number:	3500753	WORKPLACE OPTIONS	
Registration Number:	4048682	WORKPLACE OPTIONS	
CORRESPONDENCE DATA			
Fax Number:	3363785400		
<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:	336-378-5200		
Email:	wanda.armstrong@smithmoorelaw.com		
Correspondent Name:	Kimberly Bullock Gatling		
Address Line 1:	Smith Moore Leatherwood LLP		
Address Line 2:	P.O. Box 21927		
Address Line 4:	Greensboro, NORTH CAROLINA 27420		
ATTORNEY DOCKET NUMBER:	5007880.9		
NAME OF SUBMITTER:	Kimberly Bullock Gatling		
SIGNATURE:	/kbg/		
DATE SIGNED:	07/29/2014		
Total Attachments: 1			
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STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company:

Workplace Benefits, LLC

2. The Certificate of Formation of the limited liability is hereby amended as follows:

The name of the limited liability company is Workplace Options, LLC

IN WITNESS WHEREOF, the undersigned has executed this Certificate on the 25th day of
February, A.D. 2014.



C. Dean Debnam
CEO, Workplace Benefits, LLC