

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM437262

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
United Recovery Systems, LP		06/16/2016	Limited Partnership: TEXAS
RECEIVING PARTY DATA			
Name:	Alltran Financial, LP		
Street Address:	5800 North Course Drive		
City:	Houston		
State/Country:	TEXAS		
Postal Code:	77072		
Entity Type:	Limited Partnership: TEXAS		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	4452341	PLAZA RECOVERY	
Registration Number:	4452344	PLAZA RECOVERY, INC.	
Registration Number:	4452343	ACB RECOVERY	
Registration Number:	4452345	ACB RECOVERY	
CORRESPONDENCE DATA			
Fax Number:	3128966289		
<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:	617-239-0417		
Email:	ipdocket-chi@lockelord.com		
Correspondent Name:	Michael I. Harrison		
Address Line 1:	111 Huntington Avenue		
Address Line 4:	Boston, MASSACHUSETTS 02199-7613		
ATTORNEY DOCKET NUMBER:	148236200002		
NAME OF SUBMITTER:	Ingrid J. Scheckel		
SIGNATURE:	/Ingrid J. Scheckel/		
DATE SIGNED:	07/31/2017		
Total Attachments: 2			
source=United Recover name change to Alltran#page1.tif			

OP \$115.00 4452341

Form 424

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: See instructions



**Certificate
of Amendment**

**Filed in the Office of the
Secretary of State of Texas
Filing #: 800360611 06/16/2016
Document #: 676107590003
Image Generated Electronically
for Web Filing**

Entity Information

The filing entity is a: **Domestic Limited Partnership (LP)**

The name of the filing entity is: **United Recovery Systems, LP**

The file number issued to the filing entity by the secretary of state is: **800360611**

Amendment to Name

The amendment changes the formation document of the filing entity to change the article or provision that names the entity. The article or provision is amended to read as follows:

The name of the filing entity is:

Alltran Financial, LP

A letter of consent, if applicable, is attached. **Executed Form 509 -- Consent.pdf**

Statement of Approval

The amendment has been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its filing by the secretary of state. The delayed effective date is: **August 1, 2016**

Execution

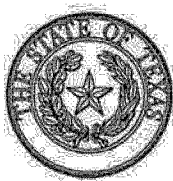
The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and declares under penalty of perjury that the undersigned is authorized under the Texas Business Organizations Code to execute the filing instrument.

Date: **June 16, 2016**

George A. Williams

Signature of authorized person

FILING OFFICE COPY

<p>Form 509 (Revised 06/15)</p> <p>Submit with relevant filing instrument.</p> <p>Filing Fee: None</p>	 <p>Consent to Use of Similar Name</p>	
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(1) CT Corporation System, File #802452662
Name and file number of the entity or individual who holds the existing name on file with the secretary of state

consents to the use of

(2) Alltran Financial, LP
Proposed name

as the name of a filing entity or foreign filing entity in Texas for the purpose of submitting a filing instrument to the secretary of state.

(3) The undersigned certifies to being authorized by the holder of the existing name to give this consent. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 6/16/16

Angela Castillo
 Signature of Authorized Person

Angela Castillo
 Name of Authorized Person (type or print)

Authorized Person
 Title of Authorized Person, if any (type or print)

State of Illinois

County of Cook

This instrument was acknowledged before me on 6/16/16 by Lakisha Davis
 (date) (name of authorized person)



[Signature]
 Notary Public's signature