

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT3551053

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
SPROUT GIVING LLC	12/22/2014
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	POD GIVING LLC
<b>Street Address:</b>	11280 WALKING WOOD LANE
<b>City:</b>	FISHERS
<b>State/Country:</b>	INDIANA
<b>Postal Code:</b>	46037
<b>PROPERTY NUMBERS Total: 2</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	14871786
<b>Application Number:</b>	62058924
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(317)237-1000
<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>	
<b>Phone:</b>	317-237-0300
<b>Email:</b>	intead@faegrebd.com
<b>Correspondent Name:</b>	FAEGRE BAKER DANIELS LLP
<b>Address Line 1:</b>	300 NORTH MERIDIAN STREET
<b>Address Line 2:</b>	SUITE 2700
<b>Address Line 4:</b>	INDIANAPOLIS, INDIANA 46204
<b>ATTORNEY DOCKET NUMBER:</b>	SPRT-0001-01 AND -02-US-E
<b>NAME OF SUBMITTER:</b>	JAMIE M. DREWRY
<b>SIGNATURE:</b>	/Jamie M. Drewry/
<b>DATE SIGNED:</b>	09/30/2015
<b>Total Attachments: 2</b>	
source=20150930_SPRT-0001-02-US-e_CertificateofAmendment_NameChangetoPODGivingLLC#page1.tif	
source=20150930_SPRT-0001-02-US-e_CertificateofAmendment_NameChangetoPODGivingLLC#page2.tif	

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF AMENDMENT  
of  
SPROUT GIVING LLC

I, Connie Lawson, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

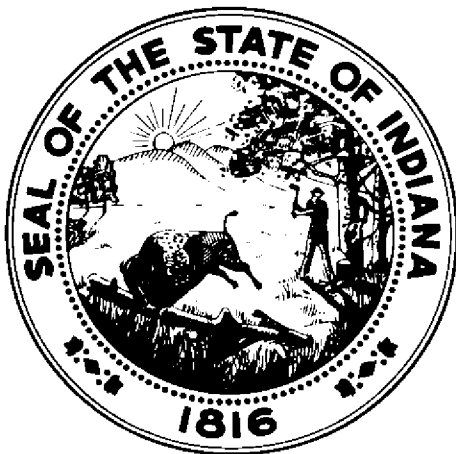
POD GIVING LLC

NOW, THEREFORE, with this document I certify that said transaction will become effective Monday, December 22, 2014.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, December 22, 2014

*Connie Lawson*

CONNIE LAWSON,  
SECRETARY OF STATE



APPROVED AND FILED  
CONNIE LAWSON  
INDIANA SECRETARY OF STATE  
12/22/2014 2:03 PM

**ARTICLES OF AMENDMENT**

Formed pursuant to the provisions of the Indiana Business Flexibility Act.

**ENTITY NAME**

SPROUT GIVING LLC

The name following said transaction will be:  
POD GIVING LLC

Creation Date: 6/24/2014

11280 WALKING WOOD LANE, FISHERS, IN 46037

**REGISTERED OFFICE AND AGENT**

MICHAEL YONKE  
11280 WALKING WOOD LANE, FISHERS, IN 46037

The Signator represents that the registered agent named in the application has consented to the appointment of registered agent.

**GENERAL INFORMATION**

What is the latest date upon which the entity is to Perpetual  
dissolve?:

Who will the entity be managed by?: Members

Effective Date: 12/22/2014

Electronic Signature: MICHAEL YONKE/BEN ROYAL

Signator's Title: MEMBER