

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT6398157

<b>SUBMISSION TYPE:</b>	RESUBMISSION
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>RESUBMIT DOCUMENT ID:</b>	506199485
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
CROCS, INC.	06/02/2020
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	CROCS, INC.
<b>Street Address:</b>	13601 VIA VARRA
<b>City:</b>	BROOMFIELD
<b>State/Country:</b>	COLORADO
<b>Postal Code:</b>	80020
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	29656428
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(617)526-5000
<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>	617-526-6000
<b>Email:</b>	lori.roman@wilmerhale.com
<b>Correspondent Name:</b>	WILMER CUTLER PICKERING HALE AND DORR LLP
<b>Address Line 1:</b>	60 STATE STREET
<b>Address Line 4:</b>	BOSTON, MASSACHUSETTS 02109
<b>ATTORNEY DOCKET NUMBER:</b>	2200929.03905 US1
<b>NAME OF SUBMITTER:</b>	LORI ROMAN
<b>SIGNATURE:</b>	/Lori Roman/
<b>DATE SIGNED:</b>	11/12/2020
<b>Total Attachments: 3</b>	
source=ChangeofAddress#page1.tif	
source=ChangeofAddress#page2.tif	
source=ChangeofAddress#page3.tif	

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF DOCUMENT FILED**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, the attached document is a true and complete copy of the

Statement of Change

with Document # 20201490843 of  
Crocs, Inc.

Delaware Foreign Corporation

(Entity ID # 20051249647 )

consisting of 2 pages.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/09/2020 that have been posted, and by documents delivered to this office electronically through 07/10/2020 @ 12:07:12.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/10/2020 @ 12:07:12 in accordance with applicable law. This certificate is assigned Confirmation Number 12458679.



A handwritten signature in cursive script that reads "Jena Griswold".

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*



Colorado Secretary of State  
 Date and Time: 06/02/2020 12:17 PM  
 ID Number: 20051249647

Document must be filed electronically.  
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Document number: 20201490843  
 Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

**Statement of Change  
 Changing the Principal Office Address**

filed pursuant to § 7-90-305.5 and § 7-90-705 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number and the entity name, or, if the entity does not have an entity name, the true name are

Entity ID number 20051249647  
*(Colorado Secretary of State ID number)*

Entity name or True name Crocs, Inc.

2. The entity's principal office address has changed.

Such address, as changed, is

Street address 13601 VIA VARRA  
*(Street number and name)*

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BROOMFIELD CO 80020  
*(City) (State) (ZIP/Postal Code)*

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United States  
*(Country)*

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Mailing address  
 (leave blank if same as street address)   
*(Street number and name or Post Office Box information)*

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*(City) (State) (ZIP/Postal Code)*

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United States  
*(Province – if applicable) (Country)*

3. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

4. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_  
*(mm/dd/yyyy hour:minute am/pm)*

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5. The true name and mailing address of the individual causing this document to be delivered for filing are

<u>Schnelle</u>	<u>Genie</u>		
<small>(Last)</small>	<small>(First)</small>	<small>(Middle)</small>	<small>(Suffix)</small>
<u>13601 Via Varra</u>			
<small>(Street number and name or Post Office Box information)</small>			
<hr/>			
<u>Broomfield</u>	<u>CO</u>	<u>80020</u>	
<small>(City)</small>	<small>(State)</small>	<small>(ZIP/Postal Code)</small>	
<u>United States</u>			
<small>(Province – if applicable)</small>		<small>(Country)</small>	

*(If applicable, adopt the following statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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