

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5503382

<b>SUBMISSION TYPE:</b>	RESUBMISSION
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>RESUBMIT DOCUMENT ID:</b>	505254238
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
ASANA MEDICAL, INC.	12/04/2017
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	REGENTYS CORPORATION
<b>Street Address:</b>	6135 NW 167TH STREET
<b>Internal Address:</b>	SUITE E-15
<b>City:</b>	MIAMI LAKES
<b>State/Country:</b>	FLORIDA
<b>Postal Code:</b>	33015
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	16085001
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(954)986-2120
<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>	9549862119
<b>Email:</b>	twpatent@msn.com
<b>Correspondent Name:</b>	TED W. WHITLOCK
<b>Address Line 1:</b>	5323 SW 38TH AVENUE
<b>Address Line 4:</b>	FT. LAUDERDALE, FLORIDA 33312
<b>ATTORNEY DOCKET NUMBER:</b>	AMI-2004US
<b>NAME OF SUBMITTER:</b>	TED WHITLOCK
<b>SIGNATURE:</b>	/Ted Whitlock/
<b>DATE SIGNED:</b>	05/02/2019
<b>Total Attachments: 8</b>	
source=AsanaNameChangeCert-FLDoS#page1.tif	
source=AsanaNameChangeCert-FLDoS#page2.tif	
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**PATENT**

**REEL: 049057 FRAME: 0850**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2017

GERARD S. COOMBS  
REGENTYS CORPORATION  
6135 NW 167TH STREET, STE. E-15  
MIAMI LAKES, FL 33015

Re: Document Number P13000044081

The Articles of Amendment to the Articles of Incorporation for ASANA MEDICAL, INC. which changed its name to REGENTYS CORPORATION, a Florida corporation, were filed on December 4, 2017.


The certification requested is enclosed.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Cheryl R McNair  
Regulatory Specialist II  
Division of Corporations

Letter Number: 917A00024767

# State of Florida



Department of State

I certify from the records of this office that REGENTYS CORPORATION is a corporation organized under the laws of the State of Florida, filed on May 17, 2013, effective May 14, 2013.

The document number of this corporation is P13000044081.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on February 2, 2017, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Seventh day of December, 2017



CR2EO22 (1-11)

*Ken Detzner*

Ken Detzner  
Secretary of State

PATENT

REEL: 049057 FRAME: 0852

P130000044081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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PAID DEC-4 12:10:36

DEC 07 2017

PATENT  
REEL: 049057 FRAME: 0853

**COVER LETTER**

2017 DEC -4 PM 1:03

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ASANA MEDICAL, INC.  
DOCUMENT NUMBER: P13000044081

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERARD S. COOMBS  
\_\_\_\_\_  
Name of Contact Person  
REGENTYS CORPORATION  
\_\_\_\_\_  
Firm/ Company  
6135 NW 167TH STREET, STE. E-15  
\_\_\_\_\_  
Address  
MIAMI LAKES, FLORIDA 33015  
\_\_\_\_\_  
City/ State and Zip Code  
gcoombs@regentys.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERARD S. COOMBS at ( 305 ) 206-4613  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|---|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of  
ASANA MEDICAL, INC.

FILED DEC 14 2011

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000044081

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

REGENTYS CORPORATION

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____



[illegible][illegible]

NOVEMBER 28, 2017

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

NOVEMBER 28, 2017

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

NOVEMBER 28, 2017  
Dated \_\_\_\_\_

Signature \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

GERARD S. COOMBS

\_\_\_\_\_  
(Typed or printed name of person signing)

EVP-OPERATIONS

\_\_\_\_\_  
(Title of person signing)