506528783 03/01/2021

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6575559

SUBMISSION TYPE:		NEW ASSIGNMENT		
NATURE OF CONVEYANCE:		CHANGE OF NAME		
ONVEYING PARTY	' DATA			
		Name	Execution Date	
OCATA THERAPEUTICS, INC.			05/02/2016	
RECEIVING PARTY	DATA			
Name:	ASTELLA	ASTELLAS INSTITUTE FOR REGENERATIVE MEDICINE		
Street Address:	33 LOCK	33 LOCKE DRIVE		
City:	MARLBOROUGH			
State/Country:	MASSACHUSETTS			
Postal Code:	01752			
PROPERTY NUMBE		Number	7	
Property Type Application Number: 17		7114685	-	
CORRESPONDENCI				
	E DATA			
Fax Number: <i>Correspondence wil</i>	ll be sent to t	he e-mail address first; if that is un if that is unsuccessful. it will be se		
Fax Number: <i>Correspondence wil</i> using a fax number,	ll be sent to t if provided;	he e-mail address first; if that is un if that is unsuccessful, it will be se 17-646-8000		
Fax Number: <i>Correspondence wil using a fax number,</i> Phone:	II be sent to t if provided; 6 [.]	if that is unsuccessful, it will be se		
	II be sent to t if provided; 6 [.] ja	<i>if that is unsuccessful, it will be se</i> 17-646-8000		
Fax Number: <i>Correspondence wil using a fax number,</i> Phone: Email: Correspondent Nam Address Line 1:	Il be sent to t if provided; 6 ja ja ie: W 60	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C. 00 ATLANTIC AVENUE		
Fax Number: <i>Correspondence wil using a fax number,</i> Phone: Email: Correspondent Nam	Il be sent to t if provided; 6 ja ja ie: W 60	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C.		
Fax Number: <i>Correspondence wil using a fax number,</i> Phone: Email: Correspondent Nam Address Line 1: Address Line 4:	Il be sent to t if provided; 6 ja ie: W 60 B	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C. 00 ATLANTIC AVENUE		
Fax Number: <i>Correspondence will using a fax number,</i> Phone: Email: Correspondent Nam Address Line 1: Address Line 4:	Il be sent to t if provided; 6 ja ja e: W 60 B	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C. 00 ATLANTIC AVENUE OSTON, MASSACHUSETTS 02210		
Fax Number: <i>Correspondence wil using a fax number,</i> Phone: Email: Correspondent Nam Address Line 1:	Il be sent to t if provided; 6 ja ja e: W 60 B	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C. 00 ATLANTIC AVENUE OSTON, MASSACHUSETTS 02210 A105.70046US05		
Fax Number: <i>Correspondence will using a fax number,</i> Phone: Email: Correspondent Nam Address Line 1: Address Line 4: ATTORNEY DOCKET	Il be sent to t if provided; 6 ja ja e: W 60 B	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C. 00 ATLANTIC AVENUE OSTON, MASSACHUSETTS 02210 A105.70046US05 CURTIS R. POWELL		
Fax Number: <i>Correspondence will</i> <i>using a fax number,</i> Phone: Email: Correspondent Nam Address Line 1: Address Line 4: ATTORNEY DOCKET NAME OF SUBMITTE BIGNATURE:	Il be sent to t if provided; ja ie: W 60 B NUMBER: R:	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C. 00 ATLANTIC AVENUE OSTON, MASSACHUSETTS 02210 A105.70046US05 CURTIS R. POWELL /Curtis R. Powell/		
Fax Number: <i>Correspondence will</i> <i>using a fax number,</i> Phone: Email: Correspondent Nam Address Line 1: Address Line 4: ATTORNEY DOCKET NAME OF SUBMITTE SIGNATURE: DATE SIGNED:	Il be sent to t if provided; ja ie: W 60 B NUMBER: R:	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C. 00 ATLANTIC AVENUE OSTON, MASSACHUSETTS 02210 A105.70046US05 CURTIS R. POWELL /Curtis R. Powell/ 03/01/2021		
Fax Number: Correspondence will using a fax number, Phone: Email: Correspondent Nam Address Line 1: Address Line 4: ATTORNEY DOCKET NAME OF SUBMITTE GIGNATURE: DATE SIGNED: Total Attachments: 3	Il be sent to t if provided; 6 ja ie: W 60 B ine: W 60 B ine: W 60 B B CHANGE-CF	<i>if that is unsuccessful, it will be se</i> 17-646-8000 net.oconnor@wolfgreenfield.com /OLF GREENFIELD & SACKS, P.C. 00 ATLANTIC AVENUE OSTON, MASSACHUSETTS 02210 A105.70046US05 CURTIS R. POWELL /Curtis R. Powell/ 03/01/2021		



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "OCATA THERAPEUTICS, INC.", CHANGING ITS NAME FROM "OCATA THERAPEUTICS, INC." TO "ASTELLAS INSTITUTE FOR REGENERATIVE MEDICINE", FILED IN THIS OFFICE ON THE SECOND DAY OF MAY, A.D. 2016, AT 4:59 O`CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



3988902 8100 SR# 20162740641

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202253824 Date: 05-03-16

PATENT REEL: 055440 FRAME: 0166

STATE OF DELAWARE CERTIFICATE OF AMENDMENT OF CERTIFCATE OF INCORPORATION

The corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware does hereby certify:

FIRST: That by unanimous written consent in lieu of a meeting pursuant to the By-laws and the General Corporation Law of the State of Delaware, the Board of Directors of Ocata Therapeutics, Inc. (the "Corporation") duly adopted resolutions setting forth a proposed amendment of the Certificate of Incorporation of said Corporation declaring said amendment to be advisable and directing its officers to submit said amendments to the sole shareholder of said Corporation for consideration thereof. The resolution setting forth the proposed amendment (the "Amendment") is as follows:

NOW THEREFORE, BE IT, RESOLVED, that Article I of the Certificate of Incorporation of this Corporation be amended by changing the name of the Corporation so that, as amended, said Certificate of Incorporation shall be and read as indicated on Exhibit A attached hereto.

SECOND: That, thereafter, by written consent of the sole shareholder of said Corporation, a consent was signed by the sole shareholder in accordance with Section 228 of the General Corporation Law of the State of Delaware approving the Amendment.

THIRD: That the Amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed this <u>2nd</u> day of May, 2016.

By: Anda J. J.

Title: Secretary Name: Linda F. Friedman

<u>EXHIBIT A</u>

"The name of this corporation is Astellas Institute for Regenerative Medicine (the "Corporation")."

PATENT REEL: 055440 FRAME: 0168

RECORDED: 03/01/2021