## 507015578 12/08/2021 PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT7062412

SUBMISSION TYPE:		N	NEW ASSIGNMENT			
NATURE OF CONVEYANCE:		С	CHANGE OF ADDRESS			
CONVEYING PARTY D	ΔΤΑ					
			Name		Execution Date	
THERAPEUTICSMD, INC.						11/01/2019
RECEIVING PARTY D	ΑΤΑ					
Name:	THERA	THERAPEUTICSMD, INC.				
Street Address:	951 YA	951 YAMATO ROAD				
Internal Address:	SUITE 2	SUITE 220				
City:	BOCA	BOCA RATON				
State/Country:	FLORIE	FLORIDA				
Postal Code:	33431	33431				
Application Number: 1652		1652016	20167			
Application Number		1652016	57			
	DATA					
CORRESPONDENCE		(202)37		]		
CORRESPONDENCE Fax Number: Correspondence will I	be sent to	(202)37 • the e-n	nail address first; if that i			
CORRESPONDENCE Fax Number: <i>Correspondence will I</i> <i>using a fax number, if</i>	be sent to provided	(202)37 • the e-n	nail address first; if that i is unsuccessful, it will b			
CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone: Email:	be sent to provided	(202)37 5 the e-n 1; if that 2023712 sschalle	<i>hail address first; if that i</i> <i>is unsuccessful, it will b</i> 2600 @sternekessler.com, kper	<b>e sen</b> ry@st	ernekes	S <i>Mail.</i> ssler.com
CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone: Email: Correspondent Name:	be sent to provided	(202)37 • the e-n 1; if that 2023712 sschalle STERNI	<i>hail address first; if that i is unsuccessful, it will b</i> 2600 @sternekessler.com, kper E, KESSLER, GOLDSTEIN	<b>e sen</b> ry@st	ernekes	S <i>Mail.</i> ssler.com
CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1:	be sent to provided	(202)37 <b>5</b> the e-n 1; if that 2023712 sschalle STERNI 1100 NE	<i>nail address first; if that i is unsuccessful, it will b</i> 600 @sternekessler.com, kper E, KESSLER, GOLDSTEIN W YORK AVE NW	<b>e sen</b> ry@st	ernekes	S <i>Mail.</i> ssler.com
CORRESPONDENCE Fax Number: <i>Correspondence will I using a fax number, if</i> Phone: Email: Correspondent Name: Address Line 1: Address Line 2:	be sent to provided	(202)37 5 the e-n 1; if that 2023712 sschalle STERNI 1100 NE 9TH FLC	<i>nail address first; if that i is unsuccessful, it will b</i> 600 @sternekessler.com, kper E, KESSLER, GOLDSTEIN W YORK AVE NW DOR	<b>e sen</b> ry@st	ernekes	S <i>Mail.</i> ssler.com
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CORRESPONDENCE Fax Number: Correspondence will I using a fax number, if Phone: Email: Correspondent Name: Address Line 1: Address Line 2: Address Line 2: Address Line 4: TTORNEY DOCKET N AME OF SUBMITTER:	be sent to provided	(202)37 <b>o the e-n</b> <b>1; if that</b> 2023712 sschalle STERNI 1100 NE 9TH FLC WASHIN 35 SC SC SC SC SC SC SC SC SC SC	<i>ail address first; if that i</i> <i>is unsuccessful, it will b</i> 2600 @sternekessler.com, kper E, KESSLER, GOLDSTEIN W YORK AVE NW DOR NGTON, D.C. 20005-3934 506.0400007 COTT A. SCHALLER cott A. SCHALLER #60,16	e sent ry@st N & FC	ernekes	S <i>Mail.</i> ssler.com

PATENT REEL: 058382 FRAME: 0789

## Notification of Address Change

TherapeuticsMD, Inc., a corporation formed under the laws of the State of Nevada, formerly located at 6800 Broken Sound Parkway NW, Third Floor, Boca Raton, Florida 33487, states that, effective September 1, 2019, it's address is:

951 Yamato Road, Suite 220 Boca Raton, FL 33431

and that all correspondence regarding any patent or other matter should be directed to this address.

Signature: Sun Deri By: <u>San Desai</u> - Intellectual Property Curvel Date: <u>11/1/19</u>

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**RECORDED: 12/08/2021**