PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT7543715

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
CAREFUSION 205, INC.	04/01/2021

RECEIVING PARTY DATA

Name:	VYAIRE MEDICAL 205, INC.
Street Address:	26125 N. RIVERWOODS BLVD.
City:	METTAWA
State/Country:	ILLINOIS
Postal Code:	60045

PROPERTY NUMBERS Total: 3

Property Type	Number
Application Number:	11184370
Application Number:	10147616
Application Number:	10898872

CORRESPONDENCE DATA

Fax Number: (714)830-0700

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.

Phone: (714)830-0600

Email: briana.trumpio@morganlewis.com, ocipdocketing@morganlewis.com

Correspondent Name: M. TODD HALES

Address Line 1: 600 ANTON BOULEVARD

Address Line 2: SUITE 1800

Address Line 4: COSTA MESA, CALIFORNIA 92626

ATTORNEY DOCKET NUMBER:	122294-0022.V10
NAME OF SUBMITTER:	M. TODD HALES, REG. NO. 60,472
SIGNATURE:	/M. Todd Hales/
DATE SIGNED:	09/13/2022

Total Attachments: 3

source=122294-0022.V10_Name_Change_CF_205_to_VM_205#page1.tif source=122294-0022.V10_Name_Change_CF_205_to_VM_205#page2.tif source=122294-0022.V10_Name_Change_CF_205_to_VM_205#page3.tif

PATENT 507496825 REEL: 061461 FRAME: 0869

FORM **BCA 10.30** (rev. Dec. 2003)

ARTICLES OF AMENDMENT

Business Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-1832
www.cyberdriveillinois.com

Remit payment in the form of a check or money order payable to Secretary of State.



APR 01 2021

JESSE WHITE SECRETARY OF STATE

	File# 57914327	Filing Fee: \$50	Approved:
	Submit in duplicate Type or Print clearly in black ink -	─── Do not write abo	ove this line ————
1.	Corporate Name (See Note 1 on page 4.): CareFusion 205, Inc.		
2.	Manner of Adoption of Amendment: The following amendment to the Articles of Incorporation was adopted on in the manner indicated below:	February 19 Month Day	, <u>2021</u> Year
	Mark an "X" in one box only.		
	By a majority of the incorporators, provided no directors were named have been elected. (See Note 2 on page 4.)	in the Articles of Incorp	poration and no directors
	By a majority of the board of directors, in accordance with Section 1 as of the time of adoption of this amendment. (See Note 2 on page	0.10, the Corporation 4.)	having issued no shares
	By a majority of the board of directors, in accordance with Section 10 action not being required for the adoption of the amendment. (See I)	.15, shares having bee lote 3 on page 4.)	n issued but shareholder
	By the shareholders, in accordance with Section 10.20, a resolution of and submitted to the shareholders. At a meeting of shareholders, not I by statute and by the Articles of Incorporation were voted in favor of the	ess than the minimum	number of votes required
	By the shareholders, in accordance with Sections 10.20 and 7.10, a duly adopted and submitted to the shareholders. A consent in writing h than the minimum number of votes required by statute and by the Artic consented in writing have been given notice in accordance with Section	as been signed by sha les of Incorporation. Sh	reholders having not less areholders who have not
	By the shareholders, in accordance with Section 10.20, a resolution of ed and submitted to the shareholders. A consent in writing has been on this amendment. (See Note 5 on page 4.)	the board of directors	having been duly adopt-
	Text of Amendment: a. When amendment effects a name change, insert the New Corporate ments. Article I: Name of the Corporation: Vyaire Medical 205, Inc.	Name below. Use pag New Name	ge 2 for all other amend-

Page 1

(All changes other than name include on page 2.)

Printed by authority of the State of Illinois, January 2015 - 1 - C 173,15

Text of Amendment

b. If amendment affects the corporate purpose, the amended purpose is required to be set forth in its entirety.

For more space, attach additional sheets of this size.

4.	The manner, if not set forth in Article 3b, in which any exchange, reclassification or cancellation of issued shares, or a reduction of the number of authorized shares of any class below the number of issued shares of that class, provided fo or effected by this amendment, is as follows (If not applicable, insert "No change"):
	No change
5.	a. The manner, if not set forth in Article 3b, in which said amendment effects a change in the amount of paid-in capital is as follows (if not applicable, insert "No change"): (Paid-in capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.)
	No change
	b. The amount of paid-in capital as changed by this amendment is as follows (if not applicable, insert "No change"): (Paid-in Capital replaces the terms Stated Capital and Paid-in Surplus and is equal to the total of these accounts.) (See Note 6 on page 4.)
	Before Amendment After Amendment
	Paid-in Capital: \$ No change \$ No change
	Complete either Item 6 or Item 7 below. All signatures must be in BLACK INK.
6,	The undersigned Corporation has caused this statement to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true and correct.
	Dated April 1. 2021 CareFusion 205, Inc.
	Month & Day Year Exact Name of Corporation Any Authorized Officer's Signature
	Kevin Klemz, President and Secretary Name and Title (type or print)
7.	If amendment is authorized pursuant to Section 10.10 by the incorporators, the incorporators must sign below, and type or print name and title.
	OR
	If amendment is authorized by the directors pursuant to Section 10.10 and there are no officers, a majority of the directors, or such directors as may be designated by the board, must sign below, and type or print name and title.
	The undersigned affirms, under penalties of perjury, that the facts stated herein are true and correct.
	Dated Month & Day Year

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PATENT REEL: 061461 FRAME: 0872