

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT7824138

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
SYNTHETIC BIOLOGICS, INC.	10/12/2022
RECEIVING PARTY DATA	
Name:	THERIVA BIOLOGICS, INC.
Street Address:	9605 MEDICAL CENTER DRIVE
Internal Address:	SUITE 270
City:	ROCKVILLE
State/Country:	MARYLAND
Postal Code:	20850
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	18163648
CORRESPONDENCE DATA	
Fax Number:	(202)739-3001
<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>	
Phone:	202-739-3000
Email:	phpatentcorrespondence@morganlewis.com, amanda.mcintyre@morganlewis.com
Correspondent Name:	MORGAN, LEWIS, & BOCKIUS LLP (B0)
Address Line 1:	1111 PENNSYLVANIA AVENUE, NW
Address Line 4:	WASHINGTON, D.C. 20004-2541
ATTORNEY DOCKET NUMBER:	SYN-008C4/112492-5008
NAME OF SUBMITTER:	SARA SIMS
SIGNATURE:	/Sara Sims/
DATE SIGNED:	03/01/2023
Total Attachments: 2	
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source=Theriva_Name_Change_Doc_Signed#page2.tif	



BARBARA K. CEGAUSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

Profit Corporation:
Certificate of Amendment (PURSUANT TO NRS 78.380 & 78.385/78.390)
Certificate to Accompany Restated Articles or Amended and
Restated Articles (PURSUANT TO NRS 78.403)
Officer's Statement (PURSUANT TO NRS 80.030)

TYPE OR PRINT - USE DARK INK ONLY - DO NOT HIGHLIGHT

1. Entity information:	Name of entity as on file with the Nevada Secretary of State: Synthetic Biologics, Inc. Entity or Nevada Business Identification Number (NVID): E0776232008-6
2. Restated or Amended and Restated Articles: (Select one) (If amending and restating only, complete section 1, 2, 3, 5 and 6)	☐ Certificate to Accompany Restated Articles or Amended and Restated Articles ☐ Restated Articles - No amendments; articles are restated only and are signed by an officer of the corporation who has been authorized to execute the certificate by resolution of the board of directors adopted on: _____ The certificate correctly sets forth the text of the articles or certificate as amended to the date of the certificate. ☐ Amended and Restated Articles * Restated or Amended and Restated Articles must be included with this filing type.
3. Type of Amendment Filing Being Completed: (Select only one box) (If amending, complete section 1, 3, 5 and 6.)	☐ Certificate of Amendment to Articles of Incorporation (Pursuant to NRS 78.380 - Before Issuance of Stock) The undersigned declare that they constitute at least two-thirds of the following: (Check only one box) ☐ incorporators ☐ board of directors The undersigned affirmatively declare that to the date of this certificate, no stock of the corporation has been issued ☒ Certificate of Amendment to Articles of Incorporation (Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock) The vote by which the stockholders holding shares in the corporation entitling them to exercise at least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation* have voted in favor of the amendment is: Over 50% ☐ Officer's Statement (foreign qualified entities only) - Name in home state, if using a modified name in Nevada: Jurisdiction of formation: Changes to takes the following effect: ☐ The entity name has been amended. ☐ Dissolution ☐ The purpose of the entity has been amended. ☐ Merger ☐ The authorized shares have been amended. ☐ Conversion ☐ Other: (specify changes) * Officer's Statement must be submitted with either a certified copy of or a certificate evidencing the filing of any document, amendatory or otherwise, relating to the original articles in the place of the corporations creation.

This form must be accompanied by appropriate fees.

Page 1 of 2
Revised: 1/1/2019

PATENT
REEL: 062855 FRAME: 0665



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Profit Corporation: Certificate of Amendment (PURSUANT TO NRS 78.380 & 78.385/78.390) Certificate to Accompany Restated Articles or Amended and Restated Articles (PURSUANT TO NRS 78.403) Officer's Statement (PURSUANT TO NRS 80.030)					
4. Effective Date and Time: (Optional)	Date: 10/12/2022 Time: 12:01 a.m. (must not be later than 90 days after the certificate is filed)				
5. Information Being Changed: (Domestic corporations only)	Changes to takes the following effect: ☒ The entity name has been amended. ☐ The registered agent has been changed. (attach Certificate of Acceptance from new registered agent) ☐ The purpose of the entity has been amended. ☐ The authorized shares have been amended. ☐ The directors, managers or general partners have been amended. ☐ IRS tax language has been added. ☐ Articles have been added. ☐ Articles have been deleted. ☐ Other. The articles have been amended as follows: (provide article numbers, if available) Article 1. Entity Information: Theriva Biologics, Inc. (attach additional page(s) if necessary)				
6. Signature: (Required)	<table border="0"><tr><td>X <u>Steven A. Shallicross</u> Signature of Officer or Authorized Signer</td><td>Steven A. Shallicross, CEO and CFO Title</td></tr><tr><td>X _____ Signature of Officer or Authorized Signer</td><td>_____ Title</td></tr></table> *If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.	X <u>Steven A. Shallicross</u> Signature of Officer or Authorized Signer	Steven A. Shallicross, CEO and CFO Title	X _____ Signature of Officer or Authorized Signer	_____ Title
X <u>Steven A. Shallicross</u> Signature of Officer or Authorized Signer	Steven A. Shallicross, CEO and CFO Title				
X _____ Signature of Officer or Authorized Signer	_____ Title				
Please include any required or optional information in space below: (attach additional page(s) if necessary)					

This form must be accompanied by appropriate fees.