

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM791747

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
AKESO, LLC		11/24/2004	Limited Liability Company: CALIFORNIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	AKESO HEALTH SCIENCES, LLC		
<b>Street Address:</b>	4607 Lakeview Canyon, #561		
<b>City:</b>	Westlake Village		
<b>State/Country:</b>	CALIFORNIA		
<b>Postal Code:</b>	91361		
<b>Entity Type:</b>	Limited Liability Company: CALIFORNIA		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	5161259	CEREVASC	
<b>Registration Number:</b>	2725469	TRIPLE THERAPY	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>	928-453-0293		
<b>Email:</b>	Lsvanlan@hotmail.com		
<b>Correspondent Name:</b>	L. S. VanLandingham III		
<b>Address Line 1:</b>	91 Lakemaster Lane		
<b>Address Line 4:</b>	Lake Havasu City, ARIZONA 86403		
<b>ATTORNEY DOCKET NUMBER:</b>	Cerevasc & TripleTherapy		
<b>NAME OF SUBMITTER:</b>	L. S. VanLandingham III		
<b>SIGNATURE:</b>	/lsvanlandingham/		
<b>DATE SIGNED:</b>	03/05/2023		
<b>Total Attachments: 1</b>	source=LLC document 12-07-2004#page1.tif		

OP \$65.00 5161259



**State of California**  
**Kevin Shelley**  
**Secretary of State**

**LIMITED LIABILITY COMPANY**  
**CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form.

**IMPORTANT - Read instructions before completing this form.**

**FILED**  
in the office of the Secretary of State  
of the State of California

DEC 07 2004

*Kevin Shelley*  
KEVIN SHELLEY, SECRETARY OF STATE

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200430210091	2. NAME OF LIMITED LIABILITY COMPANY AKESO, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.	
A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.") AKESO HEALTH SCIENCES, LLC	
B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <input type="checkbox"/> ONE MANAGER <input type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)	
C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:	
D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.	
4. FUTURE EFFECTIVE DATE, IF ANY: MONTH DAY YEAR	
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED. <i>Steven Hendrix</i> SIGNATURE OF AUTHORIZED PERSON NOVEMBER 24, 2004 DATE STEVEN HENDRIX, MANAGER TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	
7. RETURN TO: NAME EDWARD S. GELFAND, ESQ. FIRM GELFAND STEIN & WASSON LLP ADDRESS 11788 WILSHIRE BOULEVARD, SUITE 1230 CITY/STATE LOS ANGELES, CALIFORNIA ZIP CODE 90025	