TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM726903

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

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Electronic Health Record Data, Inc.		02/18/2022	Corporation: TEXAS

RECEIVING PARTY DATA

Name:	Synerio Technologies, Inc.
Street Address:	101 Jim Wright Freeway South
Internal Address:	Suite 200
City:	Fort Worth
State/Country:	TEXAS
Postal Code:	76108
Entity Type:	Corporation: TEXAS

PROPERTY NUMBERS Total: 6

Property Type	Number	Word Mark
Serial Number:	88080965	EHRCASH
Serial Number:	88481449	EPOR
Serial Number:	88481487	HCHAIN
Registration Number:	2327063	CARE RX
Registration Number:	2692217	CHAIN LINK
Registration Number:	5360265	CARE RX

CORRESPONDENCE DATA

Fax Number: 8178780501

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: 817-878-0596

ccowley@whitakerchalk.com, tmcr@whitakerchalk.com Email:

Clark R. Cowley, Esq. **Correspondent Name:** 301 Commerce Street Address Line 1:

Address Line 2: **Suite 3500**

Fort Worth, TEXAS 76102 Address Line 4:

NAME OF SUBMITTER:	Clark R. Cowley, Attorney or record
SIGNATURE:	/Clark R. Cowley/

DATE SIGNED:	05/10/2022
Total Attachments: 4	
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source=Cert of Amend#page4.tif	



CERTIFICATE OF FILING OF

Synerio Technologies, Inc. 802854493

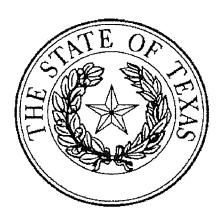
[formerly: Electronic Health Record Data, Inc.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 02/18/2022

Effective: 02/18/2022



John B. Scott Secretary of State

Phone: (512) 463-5555 Prepared by: Annie Cooper Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709

TID: 10303

Dial: 7-1-1 for Relay Services Document: 1121756420002

Form 424 (Revised 05/11)

Submit in duplicate to: Secretary of State P.O. Box 13697 Austin, TX 78711-3697 512 463-5555

FAX: 512/463-5709 Filing Fee: See instructions

Certificate of Amendment

This space reserved for office use.

Entity Inform	nation
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The name of the filing entity is:		
Electronic Health Record Data, Inc.		
State the name of the entity as currently shown in of the entity, state the old name and not the new n	the records of the secretary of state. If the amendment changes the name ame.	
The filing entity is a: (Select the appropriate entity	ty type below.)	
For-profit Corporation	Professional Corporation	
☐ Nonprofit Corporation	Professional Limited Liability Company	
Cooperative Association	Professional Association	
Limited Liability Company	Limited Partnership	
The file number issued to the filing entity by the secretary of state is: 802854493		
The date of formation of the entity is: N	lovember 6, 2017	
Amendments		
1. Amended Name (If the purpose of the certificate of amendment is to change the name of the entity, use the following statement) The amendment changes the certificate of formation to change the article or provision that names the		
filing entity. The article or provision is amended to read as follows:		
The name of the filing entity is: (state the new name of the entity below)		
Synerio Technologies, Inc.		

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

2. Amended Registered Agent/Registered Office

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Form 424

(Complete either A	Registered Agent	lete C)
(Complete either A or B, but not both. Also complete C.) A. The registered agent is an organization (cannot be entity named above) by the name of:		
OR B. The registered agent is an individua	l resident of the state who	se name is:
First Name M.I.	Last Name	Suffix
The person executing this instrument affirm has consented to serve as registered agent.	ms that the person design	nated as the new registered agent
C. The business address of the registered a	gent and the registered off	fice address is:
G. J. (J.) At DO D	A1	TX
Street Address (No P.O. Box)	Ciţr	State Zip Code
3. Other Added	, Altered, or Deleted Pro	visions
Other changes or additions to the certificate of form is insufficient, incorporate the additional text by pro- form for further information on format.	ation may be made in the space oviding an attachment to this fo	e provided below. If the space provided orm. Please read the instructions to this
Text Area (The attached addendum, if any, is incorporated by	herein by reference.)	
Add each of the following provisions to reference of the added provision and the ful		on. The identification or
Alter each of the following provisions of	of the certificate of formati	on. The identification or
reference of the altered provision and the full text of the provision as amended are as follows:		
Delete each of the provisions identified	helmy from the certificate	of formation
Befere each of the provisions identified	pelow from the certificate	or formation.

Statement of Approval

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

Form 424

Effectiveness of Filing (Select either A, B, or C.)

A. This document becomes effective when to B. This document becomes effective at a late the date of signing. The delayed effective date	er date, which is not more than ninety (90) days from
C. This document takes effect upon the occupassage of time. The 90 th day after the date of s	
	ment to take effect in the manner described below:
The undersigned signs this document subject to	the penalties imposed by law for the submission of a criffies under penalty of perjury that the undersigned is g the entity to execute the filing instrument.
Date: February 18, 2022	
Вур	Stephen Lawrence
	Stephen Lawrence
-	Signature of satisforized person Stephen Lawrence, CEO
-	Printed or typed name of authorized person (see instructions)

Form 424

RECORDED: 05/10/2022

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