RI SOS Filing Number: 201717700580 Date: 3/3/2017 2:20:00 PM

UCC FINANCING STATEMENT AMENDMEN FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1280 91856 Corporation Service Company Springfiel 1 1027 Filed In: Rh		THE ABOVE SPA	ACE IS FOR FIL	ING OFFICE USE	ONLY
2. TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated w	Filer: <u>attach</u> Amendment Ad ith respect to the security interes			
Statement 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9 For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8					
4. CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law	ove with respect	to the security interest(s) of Se	cured Party author	rizing this Continuati	on Statement is
This Change affects Debtor or Secured Party of record item 66. CURRENT RECORD INFORMATION: Complete for Party Information Change 6a. ORGANIZATION'S NAME EAGLE MOTORS, INC.	ge - provide only <u>c</u>	ddress: Complete ADD na a or 7b <u>and</u> item 7c 7a or 7b <u>ne</u> name (6a or 6b)	me: Complete item b, <u>and</u> item 7c	to be deleted in	
6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME	on Change - provide o	nly <u>one</u> name (7a or 7b) (use exact, full r	name; do not omit, modi	fy, or abbreviate any part o	f the Debtor's name)
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE POST	TAL CODE	COUNTRY
Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM		ovide only <u>one</u> name (9a or 9b) i	RESTATE covered		ASSIGN collateral
If this is an Amendment authorized by a DEBTOR, check here and provide no support the state of t					
OR 9b. (NDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIONAL N	AME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA:0452 Debtor:EAGLE M	IOTORS, IN	IC.			1280 91856