RI SOS Filing Number: 201718025970 Date: 5/10/2017 11:23:00 AM

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U	JCC FINANCING STATEMENT AME	NDMENT				
F	OLLOW INSTRUCTIONS  A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-8  B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address  1309 55595 Prepared By: Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261	oli,	<b>1</b>			
	Corporation Service Company 1-800-8  B. E-MAIL CONTACT AT FILER (optional)	858-529	.			
	SPRFiling@cscinfo.com	ciff				
	1309 55595	7				
	Prepared By: Corporation Service Company	'				
l	801 Adlai Stevenson Drive Springfield, IL 62703-4261	Filed In: Rhode Island (S.O.S.)				
	L.	(6.0.6.)	THE ABOVE SPA	CE IS FOR FILING C	FFICE USE C	ONLY
	a. INITIAL FINANCING STATEMENT FILE NUMBER 201211261550 6/4/2012		1b. This FINANCING STATE (or recorded) in the REAL Filet. <u>attach</u> Amendment Ad-	ESTATE RECORDS	•	•
2.	TERMINATION: Effectiveness of the Financing Statement	ent identified above is terminated v				
3.	ASSIGNMENT (full or partial): Provide name of Assigne For partial assignment, complete items 7 and 9 and also in	ee in item 7a or 7b, <u>and</u> address o	f Assignee in item 7c <u>and</u> name o	of Assignor in item 9	<u></u>	
4.	CONTINUATION: Effectiveness of the Financing States continued for the additional period provided by applicable is	ment identified above with respect	to the security interest(s) of Sec	ured Party authorizing t	his Continuation	n Statement is
5.		AND Charles and of the contract to				····
	Check one of these two boxes:  This Change affects Debtor or Secured Party of record	AND Check one of these three by CHANGE name and/or a item 6a or 6b; and item 3	address: CompleteADD nan		DELETE name: (o be deleted in ite	Give record name em 6a or 6b
6.	CURRENT RECORD INFORMATION: Complete for Party  6a. ORGANIZATION'S NAMEQUINTCO TRUCKIN	Information Change - provide only	one name (6a or 6b)			
OF				Laboration		Tay-
	OD. INDIVIDUAL S SURINAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S	)/INITIAL(S)	SUFFIX
7.	CHANGED OR ADDED INFORMATION: Complete for Assignm	ment or Party Information Change - provide of	only <u>one</u> name (7a or 7b) (use exact, full na	me; do not omit, modify, or ab-	breviate any part of I	the Debtor's name)
	7a. ORGANIZATION'S NAME					
OF						
OF						
OF	75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME					
OF	7b. INDIVIDUAL'S SURNAME					SUFFIX
	75. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME	СІТҮ		STATE POSTAL CO	DE	SUFFIX
	7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	<u>_</u>	DELETE collateral	STATE POSTAL CO		
7c.	7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS	<u>_</u>	DELETE collateral			COUNTRY
7c.	7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four b	<u>_</u>	DELETE collateral			COUNTRY
7c.	7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four b	<u>_</u>	DELETE collateral			COUNTRY
7c.	7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four b	<u>_</u>	DELETE collateral			COUNTRY
7c. 8. [	Th. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four b Indicate cottateral:	DOXES: ADD collateral [	rovide only <u>one</u> name (9a or 9b) (n	ESTATE covered collate	eral AS	COUNTRY SSIGN collateral
7c. 8. [	7b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four b Indicate cottateral.	DOXES: ADD collateral [	rovid <b>e only <u>one</u> name (9a or 9b)</b> (n g Debtor	ESTATE covered collate	eral AS	COUNTRY SSIGN collateral
7c. 8. [	Th. INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  COLLATERAL CHANGE: Also check one of these four b Indicate collateral:  NAME OF SECURED PARTY OF RECORD AUTHOR! If this is an Amendment authorized by a DEBTOR, check here [9a ORGANIZATION'S NAMENATIONAL BANKER]	DOXES: ADD collateral [	rovide only <u>one</u> name (9a or 9b) (n g Debtor TION	ESTATE covered collate	eral As	COUNTRY SSIGN collateral