RI SOS Filing Number: 201718079720 Date: 5/24/2017 11:47:00 AM

<u>N</u>				
UCC FINANCING STATEMENT AMENDM FOLLOW INSTRUCTIONS	ENT			
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	94			
B. E-MAIL CONTACT AT FILER (optional)				
SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1315 27316 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed	com			
T1315 27316 Corporation Service Company	10.9°			
801 Adlai Stevenson Drive Springfield, IL 62703	. 5			
filingia Filed	In: Rhode Island (S.O.S.)			
1a. INITIAL FINANCING STATEMENT FILE NUMBER			ACE IS FOR FILING OFFICE US MENT AMENDMENT is to be filed [f	
200705548270 10/24/2007		(or recorded) in the REA Filer: <u>attach</u> Amendment Ad	L ESTATE RECORDS Idendum (Form UCC3Ad) <u>and</u> provide De	btor's name in item 13
 TERMINATION: Effectiveness of the Financing Statement identifies Statement 	d above is terminated wi	th respect to the security intere	est(s) of Secured Party authorizing the	is Termination
ASSIGNMENT (full or partial): Provide name of Assignee in item? For partial assignment, complete items 7 and 9 and also indicate affice.		Assignee in item 7c <u>and</u> name	of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identic continued for the additional period provided by applicable law	ified above with respect	o the security interest(s) of Sec	cured Party authorizing this Continua	ition Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes: AND Ch This Change affects Debtor or Secured Party of record	eck <u>one</u> of these three bo: CHANGE name and/or ad item 6a or 6b; <u>and</u> item 7a	idress: CompleteADD nai		e: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information 6a. ORGANIZATION'S NAME141 WESTMINSTER CORP		ne name (6a or 6b)		
0.0				lausen.
66. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party [7a. ORGANIZATION'S NAME]	Information Change - provide or	ly <u>one</u> name (7a or 7b) (use exact, full n	ame; do not omit, modify, or abbreviate any par	t of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME		····		
7B. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME		 		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collateral
Indicate collateral:				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING TH			name of Assignor, if this is an Assignr	nent)
If this is an Amendment authorized by a DEBTOR, check here and property and propert	ovide name of authorizing y known as RBS			
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSONA	IL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Debtor: 141 WEST	MINSTER COP	P		
10, 5. HOMBET BERK REI ERENGE DATA DEDIUT, 14 1 VVES I	MIND LEIV CON	•		1315 27316