RI SOS Filing Number: 201718315080 Date: 7/14/2017 12:52:00 PM

UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u>`</u>
1333 49227 acscime	¬
B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)  1333 49227 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Rhode Isla (S.O.)	
Springfield, IL 62703 filling Filed In: Rhode Isla (S.O.:	and
(5.5.	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 015719 12/03/2002	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS
2. TERMINATION: Effectiveness of the Financing Statement identified above is termin	Filer: <u>attach</u> Amendment Addendum (Form UCC3Ad) <u>and</u> provide Debtor's name in item nated with respect to the security interest(s) of Secured Party authorizing this Termination
Statement  3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and add	tress of Assignee in item 7c and name of Assignor in item 0
For partial assignment, complete items 7 and 9 and also indicate affected collateral in	nitem 8
<ol> <li>CONTINUATION: Effectiveness of the Financing Statement identified above with r continued for the additional period provided by applicable law</li> </ol>	respect to the security interest(s) of Secured Party authorizing this Continuation Statement is
5. PARTY INFORMATION CHANGE:  Check one of these two boxes:  AND Check one of these two	bree boyer to:
CHANGE name a	and/or address: Complete ADD name: Complete item DELETE name: Give record name of the management of the deleted in item 6a or 6b and item 6a or 6b.
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide	
6a. ORGANIZATION'S NAMETAVDI COMPANY, INC.	
OR 6b. INDIVIDUAL'S SURNAME FIRST PE	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change -	provide only <u>one</u> name (7a or 7b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name
7a. ORGANIZATION'S NAME	
OR 75. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
(NONEDLIALIS ADDITIONAL MANES (STRUCTULES)	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY USA
COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral	DELETE collateral RESTATE covered collateral ASSIGN collater
Indicate collateral:	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDME! If this is an Amendment authorized by a DEBTOR, check here and provide name of authorized by a DEBTOR.	
98 ORGANIZATION'S NAMECItizens Bank, N.A. formerly known as	
OR 9b. INDIVIDUAL'S SURNAME FIRST PE	RSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor: TAVDI COMPANY, IN	C. 1333 492