RI SOS Filing Number: 201718426650 Date: 8/11/2017 12:26:00 PM

LICO FINANCINO STATEMENT AMENDMEN	NIT.				
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS	N I				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294		7			
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
Corporation Service Corporate (UCSCINTO.COM 801 Adia) Spirite Games (UCSCINTO.COM)	\neg				
Filed In: F	Rhode Island (S.O.S.)				
<u> </u>	<u> </u>	THE ABOVE SPA	ACE IS FO	R FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201312032680 01/02/2013		(or recorded) in the REA	L ESTATE F		•
TERMINATION: Effectiveness of the Financing Statement identified about 1. The statement 1. The statemen	ove is terminated v			m UCC3Ad) <u>and</u> provide Deb cured Party authoriz∌no thi	
Statement					
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respect	to the security interest(s) of Se	cured Party	authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:				···	-
CHECK DIE OF THESE TWO DOXES.	<u>ne</u> of these three bo NGE name and/or a	address: CompleteADD na	ıme: Comple		Give record name
This Change affects Debtor or Secured Party of record item 6. CURRENT RECORD INFORMATION: Complete for Party Information Cha			o, <u>and</u> item 70	to be deleted in	item 6a or 6b
6a. ORGANIZATION'S NAMEALPINE AUTO BODY, INC.	- go promocomy	value (see of obj			
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AI NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	T MOTT ENGON	CIE I WINE	7.00.1101	VAL TIVINE(O)/INTVICE(O)	00///
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform [7a. ORGANIZATION'S NAME]	ation Change - provide o	only <u>one</u> name (7a or 7b) (use exact, full n	name; do not on	nt, modify, or abbreviate any part	of the Debtor's name)
OR 75. INDIVIDUAL'S SURNAME		· ·			
INDIVIDUAL'S FIRST PERSONAL NAME			40-		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		, ***			SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
					USA
8. COLLATERAL CHANGE: Also check one of these four boxes: AD	DD collateral	DELETE collateral	RESTATE &	overed collateral	ASSIGN collateral
Indicate collateral:					
A NAME OF SECURED PARTY OF RECORD AUTHORIZING THE	MENDMENT	estide esti ese de la 101 a 201 d	(non-n	·	
	name of authorizin	g Debtor	name of Ass	ignor, it this is an Assignme	ent)
9a ORGANIZATION'S NAMECITIZENS Bank NA formerly kn	own as RBS	6 Citizens N A			
OR 96 INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
				·	
10. OPTIONAL FILER REFERENCE DATA: Debtor: ALPINE AUTO	BODY, INC	J.			1346 27830