RI SOS Filing Number: 201718790940 Date: 11/10/2017 12:11:00 PM

UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858- B. E-MAIL CONTACT AT FILER (optional)		\exists			
	n led In: Rhode Islai (S.O.s	THE ABO	OVE SPACE IS FOR FILIN		
1a. INITIAL FINANCING STATEMENT FILE NUMBER 200806156040 04/09/2008	•	(or recorded) in	G STATEMENT AMENDMEN the REAL ESTATE RECORI nament Addendum (Form UCC3	DS .	•
2. TERMINATION: Effectiveness of the Financing Statement ider	ntified above is termin			·	
ASSIGNMENT (full or partial): Provide name of Assignee in it For partial assignment, complete items 7 and 9 and also indicate			nd name of Assignor in item	9	
CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law	dentified above with re	spect to the security interest	(s) of Secured Party authoriz	zing this Continuatio	n Statement is
5. PARTY INFORMATION CHANGE:					
Check <u>one</u> of these two boxes: This Change affects Debtor or Secured Party of record		ree boxes to: nd/or address: Complete item 7a or 7b <u>and</u> item 7c	ADD name: Complete item 7a or 7b, and item 7c	DELETE name:	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Inform					
6a. ORGANIZATION'S NAMESunrise Associates, LIC					
OR 6b. INDIVIDUAL'S SURNAME	FIRST PE	RSONAL NAME	ADDITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or					
CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME					the Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME					
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME			exact, full name; do not omit, modify,		the Debtor's name)
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	Party Information Change - p		exact, full name; do not omit, modify,	, or abbreviate any part of	the Debtor's name) SUFFIX COUNTRY
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	Party Information Change - p	rovide only <u>one</u> name (7a or 7b) (use	exact, full name; do not omit, modify,	, or abbreviate any part of	SUFFIX COUNTRY USA
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	Party Information Change - s CITY ADD collateral G THIS AMENDMEI	rovide only <u>one</u> name (7a or 7b) (use DELETE collateral NT: Provide only <u>one</u> name (9	exact, full name; do not omit, modify, STATE POSTA RESTATE covered of a covered o	or abbreviate any part of	suffix COUNTRY USA SSIGN collateral
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or 7a. ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authonized by a DEBTOR, check here are	Party Information Change - p CITY ADD collateral G THIS AMENDMEI and provide name of aut erfly known as	rovide only <u>one</u> name (7a or 7b) (use DELETE collateral NT: Provide only <u>one</u> name (9	exact, full name; do not omit, modify, STATE POSTA RESTATE covered of a covered o	or abbreviate any part of	suffix COUNTRY USA SSIGN collateral