RI SOS Filing Number: 201718887550 Date: 12/6/2017 11:33:00 AM

UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)		1			
Corporation Service Company 1-800-858-5 B. E-MAIL CONTACT AT FILER (optional) SPRFilling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1396 18944 Corporation Service Company 801 Adlai Stevenson Drive KS@CSCINFO.C		THE ABOVE SPA	ACE IS FOR FILING OFFI	CE USE (ONLY
1a, INITIAL FINANCING STATEMENT FILE NUMBER 201312343920 04/02/2013		(or recorded) in the REA		•	•
TERMINATION: Effectiveness of the Financing Statement ident Statement	tified above is terminated w		idendum (Form UCC3Ad) and post(s) of Secured Party authorises.		
ASSIGNMENT (full or partial): Provide name of Assignee in ite			of Assignor in item 9		
For partial assignment, complete items 7 and 9 and also indicate 4. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law			cured Party authorizing this	Continuatio	n Statement is
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information.	Check one of these three bo CHANGE name and/or a item 6a or 6b; and item 7 ation Change - provide only s	ddress: Complete ADD na 'a or 7b <u>and</u> item 7c 7a or 7b	me: Complete itemDELE , <u>and</u> item 7c to be	TE name; deleted in if	Give record name em 6a or 6b
6a. ORGANIZATION'S NAMEDC Properties, LLC					
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAME(S)/INI	TIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Property of the Complete for Assignment of the Complete for Assignment or Property of the Co	arty Information Change – provide o	only <u>one</u> name (7a or 7b) (use exact, full r	ame; do not omit, modify, or abbrevia	ite any part of	the Debtor's name)
INDIVIDUAL'S FIRST PERSONAL NAME					
INDUSTRIALIC ADDITIONAL PROPERTY OF THE PARTY OF					SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE		COUNTRY
	CITY ADD collateral	DELETE collateral	STATE POSTAL CODE	^_^	1
7c MAILING ADDRESS 8. COLLATERAL CHANGE: Also check one of these four boxes:	ADD collateral	rovide only <u>one</u> name (9a or 9b) (g Debtor	RESTATE covered collateral		USA SSIGN collateral
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 authorized by a DEBTOR, check here and	ADD collateral	rovide only <u>one</u> name (9a or 9b) (g Debtor k, N.A.	RESTATE covered collateral	Assignmer	USA SSIGN collateral