

UCC-3 Form - AMENDMENT

AMENDMENT ACTION - DEBTOR CHANGE

Original File Number: 201819616310

FILER INFORMATION

Full name: **CHERYL A. FALLON**

Email Contact at Filer: **CFALLON@BRCSM.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **BRENNAN, RECUPERO, CASCIONE, SCUNGIO & MCALLISTER, LLP**

Mailing Address: **362 BROADWAY**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

CURRENT RECORD INFORMATION

Org. Name: **CREDIT FACILITY SOLUTIONS CORP.**

DEBTOR INFORMATION

Org. Name: **CERTIFIED FACILITY SOLUTIONS CORP.**

Mailing Address: **15 CLARKSON STREET**

City, State Zip Country: **PROVIDENCE, RI 02909 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: **NAVIGANT CREDIT UNION**

CUSTOMER REFERENCE: **18-1179**
