RI SOS Filing Number: 201820174410 Date: 9/14/2018 12:00:00 PM **UCC FINANCING STATEMENT AMENDMENT** A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) **CT Corporation Nancy Wiford** 4400 Easton Commons Way, Suite 125 Columbus, Ohio 43219 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] 1a. INITIAL FINANCING STATEMENT FILE NUMBER (or recorded) in the REAL ESTATE RECORDS 2013 13134950 Filter attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated 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 address of Assignee in Item 7c and name of Assigner in Item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: AND Check one of these three boxes to: Check one of these two boxes CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c ADD name Complete
7a or 7b, and stem 7c This Change affects Debtor or Secured Party of record 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6e or 6b) **6a. ORGANIZATION'S NAME** OR 66 INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX 7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only grag name (7s or 7b) (use exact, full name, do not only, modify, or abbreviate any part of the Debtor's name) 78 ORGANIZATION'S NAME 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) SUFFIX POSTAL CODE COUNTRY STATE 7c. MAILING ADDRESS CITY 8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collecteral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral:

If this is an Amendment authorized by a DEBTOI	IRD AUTHORIZING THIS AMENDMENT: Provide only <u>one</u> name (i R, check here and provide name of authorizing Debtor		,
9a. ORGANIZATION'S NAME			•
BP Energy Company on Individual's Surname			
	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX