

UCC-3 Form - ASSIGNMENT

Original File Number: **202022527660**

FILER INFORMATION

Full name: **DUE DILIGENCE**

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SEND ACKNOWLEDGEMENT TO

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SECURED PARTY INFORMATION

Org. Name: **COREVEST AMERICAN FINANCE DEPOSITOR LLC**

Mailing Address: **1920 MAIN STREET, SUITE 850**

City, State Zip Country: **IRVINE, CA 92614 USA**

ASSIGNEE INFORMATION

Org. Name: **WILMINGTON TRUST, NATIONAL ASSOCIATION, AS TRUSTEE, FOR THE BENEFIT OF THE
HOLDERS OF COREVEST AMERICAN FINANCE 2020-2 TRUST MORTGAGE PASS-THROUGH
CERTIFICATES**

Mailing Address: **1100 NORTH MARKET STREET**

City, State Zip Country: **WILMINGTON, DE 19890 USA**

**NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: COREVEST AMERICAN FINANCE DEPOSITOR
LLC**

CUSTOMER REFERENCE: CAF 2020-2 / ELHOSRI TERM / PLEDGOR / RI SOS
