

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

<b>A NAME &amp; PHONE OF CONTACT AT FILER (optional)</b> Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141			
<b>B E-MAIL CONTACT AT FILER (optional)</b> uccfilingreturn@wolterskluwer.com			
<b>C. SEND ACKNOWLEDGMENT TO: (Name and Address)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">                     Lien Solutions                      P.O. Box 29071                      Glendale, CA 91209-9071                 </td> <td style="width: 40%; border: none; text-align: center;">                     78404058                       RIRI                 </td> </tr> </table>		Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	78404058  RIRI
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	78404058  RIRI		
File with: Secretary of State, RI			

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 202022551070 4/1/2020 SS RI	<b>1b.</b> <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS <small>Filer must Attach Amendment/ Addendum (Form UCC3Ae) and provide Debtor's name in item 13</small>
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**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 Assignor 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.

**5.**  **PARTY INFORMATION CHANGE**

Check one of these two boxes:  Debtor or  Secured Party of record

AND Check one of these three boxes to:

CHANGE name and/or address. Complete item 6a or 6b and item 7a or 7b and item 7c.    
  ADD name. Complete item 7a or 7b, and item 7c.    
  DELETE name. Give record name to be deleted in item 6a or 6b.

**6. CURRENT RECORD INFORMATION** Complete for Party Information Change - provide only one name (6a or 6b)

6a ORGANIZATION'S NAME: <b>GIGANTIX INC</b>				
OR	6b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**7. CHANGED OR ADDED INFORMATION** Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact full name, do not omit, modify or abbreviate any part of the Debtor's name)

7a ORGANIZATION'S NAME: <b>For2Fi Inc.</b>				
OR	7b INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>21 FATHER DEVALLES BLVD</b>	<b>FALL RIVER</b>	<b>MA</b>	<b>02723</b>	<b>USA</b>

**8.**  **COLLATERAL CHANGE** Also check one of these four boxes:  ADD collateral  DELETE collateral  RESTATE covered collateral  ASSIGN collateral

Indicate collateral

**9 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment)

If this is an Amendment authorized by a DEBTOR, check here:  and provide name of authorizing Debtor

9a ORGANIZATION'S NAME: <b>C T Corporation System, as representative</b>				
OR	9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

**10. OPTIONAL FILER REFERENCE DATA** Debtor Name: For2Fi Inc.  
78404058

# UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a on Amendment form  
202022551070 4/1/2020 SS RI

12 NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 9 on Amendment form

12a ORGANIZATION'S NAME  
C T Corporation System, as representative

OR 12b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13 Name of DEBTOR on related financing statement: (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13) Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); see Instructions if name does not fit

13a ORGANIZATION'S NAME  
GIGANTIX INC

OR 13b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14 ADDITIONAL SPACE FOR ITEM 8 (Collateral)

Debtor Name and Address:

For2Fi Inc. - 21 FATHER DEVALLEHS BLVD , FALL RIVER, MA 02723

Secured Party Name and Address:

C T Corporation System, as representative - 330 N Brand Blvd, Suite 700; Attn: SPRS , Glendale, CA 91203

15. This FINANCING STATEMENT AMENDMENT  
 covers timber to be cut;  covers as-extracted collateral;  is filed as a fixture filing

17. Description of real estate.

16. Name and address of a RECORD OWNER of real estate described in item 17  
( If Debtor does not have a record interest)