

## 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> 8347 - <div style="display: flex; justify-content: space-between; align-items: flex-start; padding: 10px;"><div style="width: 60%;"><p>Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</p></div><div style="width: 35%; text-align: center;"><p>78485974 RIRI</p></div></div>				
File with: Secretary of State, RI				
<b>THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY</b>				
<b>1a. INITIAL FINANCING STATEMENT FILE NUMBER</b> 202023761630 10/19/2020 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 attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>	
<b>2.</b> <input type="checkbox"/> <b>TERMINATION:</b> Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement				
<b>3.</b> <input type="checkbox"/> <b>ASSIGNMENT (full or partial):</b> 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.				
<b>4.</b> <input type="checkbox"/> <b>CONTINUATION:</b> 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.				
<b>5.</b> <input checked="" type="checkbox"/> <b>PARTY INFORMATION CHANGE.</b> <small>Check one of these two boxes:</small> This Change affects <input type="checkbox"/> Debtor or <input checked="" type="checkbox"/> Secured Party of record. <b>AND Check one of these three boxes to:</b> <input checked="" type="checkbox"/> CHANGE name and/or address. Complete item 6a or 6b, and item 7a or 7b, and item 7c. <input type="checkbox"/> ADD name. Complete item 7a or 7b, and item 7c. <input type="checkbox"/> DELETE name. Give record name to be deleted in item 6a or 6b.				
<b>6. CURRENT RECORD INFORMATION.</b> Complete for Party Information Change - provide only one name (6a or 6b)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">6a. ORGANIZATION'S NAME</div><div style="width: 95%;">Wells Fargo Bank, National Association</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 6b. INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 25%; text-align: center;">FIRST PERSONAL NAME</div><div style="width: 25%; text-align: center;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 10%; text-align: center;">SUFFIX</div></div>				
<b>7. CHANGED OR ADDED INFORMATION.</b> 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)				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">7a. ORGANIZATION'S NAME</div><div style="width: 95%;">Wells Fargo Bank, National Association</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 7b. INDIVIDUAL'S SURNAME</div><div style="width: 95%;"></div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">INDIVIDUAL'S FIRST PERSONAL NAME</div><div style="width: 95%;"></div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">INDIVIDUAL'S ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 85%;"></div><div style="width: 10%; text-align: center;">SUFFIX</div></div>				
<b>7c. MAILING ADDRESS</b>				
1700 Lincoln Street, 3rd Floor, MAC C7300-033			CITY Denver	STATE CO
			POSTAL CODE 80203	COUNTRY USA
<b>8.</b> <input type="checkbox"/> <b>COLLATERAL CHANGE</b> Also check one of these four boxes <input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN collateral <small>Indicate collateral</small>				
<b>9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT:</b> Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) <small>If this is an Amendment authorized by a DEBTOR, check here <input type="checkbox"/> and provide name of authorizing Debtor</small>				
<div style="display: flex; border-bottom: 1px solid black;"><div style="width: 5%; text-align: right;">9a. ORGANIZATION'S NAME</div><div style="width: 95%;">Wells Fargo Bank, National Association</div></div> <div style="display: flex; border-bottom: 1px solid black; margin-top: 5px;"><div style="width: 5%; text-align: right;">OR 9b. INDIVIDUAL'S SURNAME</div><div style="width: 35%;"></div><div style="width: 25%; text-align: center;">FIRST PERSONAL NAME</div><div style="width: 25%; text-align: center;">ADDITIONAL NAME(S) INITIAL(S)</div><div style="width: 10%; text-align: center;">SUFFIX</div></div>				
<b>10. OPTIONAL FILER REFERENCE DATA</b> Debtor Name: COLLETTE TRAVEL SERVICE, INC. 78485974 5469112666				

## UCC FINANCING STATEMENT AMENDMENT ADDENDUM

### FOLLOW INSTRUCTIONS

11. INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form 202023761630 10/19/2020 SS RI	
12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form	
12a ORGANIZATION'S NAME Wells Fargo Bank, National Association	
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 COLLETTE TRAVEL SERVICE, 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:

COLLETTE TRAVEL SERVICE, INC. - 162 Middle Street, Pawtucket, RI 02860

Secured Party Name and Address:

Wells Fargo Bank, National Association - 1700 Lincoln Street, 3rd Floor, MAC C7300-033, Denver, CO 80203

15 This FINANCING STATEMENT AMENDMENT <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> 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)	