Ξ		
=		
=		
=		
=		
=		
=		
Ξ		

RI SOS Filing Number: 20222	26824060 Da	ate: 5/10/2022 2:3	9:00 F	PM	
		'			
UCC FINANCING STATEMENT AMENDA	MENT				
FOLLOW INSTRUCTIONS					
A NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone 800-331-328	32 Fax: 818-662-4141	1			
B. F-MAIL CONTACT AT FILER (optional)		1			
uccfilingreturn@wolterskluwer.com  C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-			
	$\neg$				
Lien Solutions	36423815				
P.O. Box 29071 Glendale, CA 91209-9071	NDI.				
Gieridale, CA 91209-9071	RIRI				
11	1				
File with: Secretory of State Di		THE ADOVE COA	05 I0 E	30 En 1110 OCEIOE 1101	- A
File with: Secretary of State, RI  1a INITIAL FINANCING STATEMENT FILE NUMBER				OR FILING OFFICE US	
202226645520 4/8/2022 SS RI		(or recorded) in the REAL	LESTATE		•
2. TERMINATION: Effectiveness of the Financing Statement identifie	ad abasas to be seen about some			m UCC3Ad) and provide Debto	
Statement					mination
<ol> <li>ASSIGNMENT (<u>full</u> or partial). Provide name of Assignee in item For partial assignment, complete items 7 and 9 and also indicate</li> </ol>	7a or 7b, <u>and</u> address of As affected collateral in item 8	ssignee in item 7c and name of A	Assignor in	item 9	
CONTINUATION. Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	fied above with respect to the	nn security interest(s) of Secured	Party auti	honzing this Continuation St	tatement is
5 PARTY INFORMATION CHANGE		<del></del>		<del></del>	
<b>—</b>	Check one of these three boxe	25 lo:			
This Change affects Debtor or Secured Party of record	CHANGE name and/or ac		e Comple and item 7		Give record name
6 CURRENT RECORD INFORMATION Complete for Party Information		<del> ` ` ` </del>	<u>ans</u> i.em 7	C 10 be seleces in it	ter: bal or 60
63 ORGANIZATION'S NAME	Change - provide only one	name (oa or ob)			
CORESMART INTERACTIVE, LLC					
OR 66 INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	Тапоппо	NAL NAME(S) INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION. Complete for Assignment or Party to	In the second se		<u></u>		1
7a ORGANIZATION'S NAME	scrimation Change - provide only 2	ne name ( /a or /o) (use exact turning	do not omit i	modery or economical any part of the	Deblors name)
HORIZON BANK					
OR 75 INDIVIDUAL'S SURNAME	· <u> </u>	<del></del>	-		
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(SYNITIAL(S)					SUFFIX
7c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
515 Franklin Street	Michigan Cit	ty	IN	46360	USA
8. COLLATERAL CHANGE. Also check one of these four boxes	1 1			f 1	SSIGN collateral
Indicate collateral				oo to to do to	CANCAL CAMBICIO
		•			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT Pro	vide only <u>one</u> name (9a or 9b) (na	ame of Ass	signor, if this is an Assignme	nt)
	d provide name of authorizin	g Debtor			
9a ORGANIZATION'S NAME  C T Corporation System, as representative					
OR 95 INDIVIDUAL'S SURNAME	Leiner	NILLE .	T.cc= :		
OF PROPERTY OF THE PROPERTY OF	FIRST PERSONAL	L NAME	ADDITICI	NAL NAME(S) INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA Debtor Name: CORE	SMART INTERACTIVE	E, LLC	•		•
86423815					

UCC FINANCING STATEMENT AMEND FOLLOW INSTRUCTIONS	MENT ADDENDUM		
11 INITIAL FINANCING STATEMENT FILE NUMBER. Same as item 202226645520 4/8/2022 SS RI	n 1a on Amendment form	7	
12. NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as	s item 9 on Amendment form	1	
C T Corporation System, as representative		_ 	
		1	
OR 125 INDIVIDUAL'S SURNAME		-	
FIRST PERSONAL NAME			
ADDITIONAL NAME(S/INITIAL(S)	SUFFIX	1	
(2) Non-100 (2702)		THE ABOVE SPACE IS FOR FILING OFFICE U	
<ol> <li>Name of DEBTOR on related financing statement (Name of a cur one Debtor name (13a or 13b) (use exact, full name, do not omit</li> </ol>			m 13); Provide only
139 ORGANIZATION'S NAME CORESMART INTERACTIVE, LLC			<del></del> -
OR 1% INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(SyMITIAL(S)	SUFFIX
Secured Party Name and Address: C T Corporation System, as representative - 330 N Bran- HORIZON BANK - 515 Franklin Street , Michigan City, IN	d Blvd, Suite 700, Attn. SPRS , G N 46360		
16. Name and address of a RECORD OWNER of real estate describ- (if Debtor does not have a record interest)	<u> </u>		
18 MISCELLANEOUS 86423815-RI-0	C T Corporation System, as	Fife with: Secretary of State, RI	