

UCC-3 Form - AMENDMENT

AMENDMENT ACTION - DEBTOR CHANGE

Original File Number: **202329156220**

FILER INFORMATION

Full name: **CORPORATION SERVICE COMPANY**

Email Contact at Filer: **RISOSUCCFILINGSV3@CSCGLOBAL.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **CORPORATION SERVICE COMPANY**

Mailing Address: **801 ADLAI STEVENSON DRIVE**

City, State Zip Country: **SPRINGFIELD, IL 62703 USA**

CURRENT RECORD INFORMATION

Org. Name: **COMFORT MEDSPA & WELLNESS CENTER LLC**

DEBTOR INFORMATION

Org. Name: **COMFORT DENTAL, A PROFESSIONAL CORPORATION**

Mailing Address: **1482 BROAD ST**

City, State Zip Country: **PROVIDENCE, RI 02905 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: NORTH MILL CREDIT TRUST

CUSTOMER REFERENCE: 2579 41804
