UCC FINANCING STATEMENT AMENDMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Stephanie Saraidarian 508-381-5269 B. E-MAIL CONTACT AT SUBMITTER (optional) stephanie.saraidarian@milfordfederal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Milford Federal Bank ATTN: Commercial 246 Main Street Milford, MA 01757 Reset Print THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY SEE BELOW FOR SECURED PARTY CONTACT INFORMATION This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum 1a. INITIAL FINANCING STATEMENT FILE NUMBER 201819998830 (Form UCC3Ad) and provide Debtor's name in item 13. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Part(y)(ies) authorizing this Termination Statement ASSIGNMENT: Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assigner in item 9 For partial assignment, complete items 7 and 9, check ASSIGN Collateral box in Item 8 and describe the affected collateral in item 8 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 PARTY INFORMATION CHANGE: AND Check one of these three boxes to: ADD name: Complete item 7a or 7b, and item 7c Check one of these two boxes: CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME SUFFIX ADDITIONAL NAME(S)/INITIAL(S) OR 6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 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 ornit, modify, or abbreviate any part of the Deblor's name) 7a. ORGANIZATION'S NAME 75 INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE COUNTRY CITY 7c. MAILING ADDRESS RESTATE covered collateral DELETE collateral ADD collateral COLLATERAL CHANGE: Check only one box: *Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 8 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 Milford Federal Bank SUFFIX ADDITIONAL NAME(SVINITIAL(S) OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME 10. OPTIONAL FILER REFERENCE DATA: Hair We Are & Sunrise Tanning LLC

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