

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Christopher Kajdzik (212) 969-3000
B. E-MAIL CONTACT AT SUBMITTER (optional) ckajdzik@proskauer.com
C. SEND ACKNOWLEDGMENT TO (Name and Address) Proskauer Rose LLP Eleven Times Square New York, NY 10036-8299

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE NUMBER 202125315470 08/03/2021	1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Filer <u>attach</u> Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13
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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(ies) authorizing this Termination Statement

3. ASSIGNMENT: 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, check ASSIGN Collateral box in item 8 and describe the 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 AND Check one of these three boxes to

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 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 E. A. KELLEY CO., RHODE ISLAND, INC.	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 E. A. KELLEY CO., RHODE ISLAND, INC.	OR		
7b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c MAILING ADDRESS 627 West College Street	CITY Grapevine	STATE TX	POSTAL CODE 76051	COUNTRY USA
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8. COLLATERAL CHANGE Check only one box ADD collateral DELETE collateral RESTATE covered collateral ASSIGN* collateral

*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

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 Macquarie Capital Funding LLC, as Collateral Agent	OR		
9b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA
Filed with: RI - Secretary of State; Debtor: E. A. KELLY CO., RHODE ISLAND, INC. CM# 51672.025 F#953994 A#1305433