

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
C. SEND ACKNOWLEDGMENT TO (Name and Address) Lien Solutions PO Box 29071 Glendale, CA 91209-9071 Order 98201287 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION				
1a. INITIAL FINANCING STATEMENT FILE NUMBER 201819229150			1b. ☐ This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13.	
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 <u>one</u> of these two boxes: ☒ Debtor or ☐ Secured Party of record. AND Check <u>one</u> of these three boxes to: ☒ 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 <u>one</u> name (6a or 6b): 6a. ORGANIZATION'S NAME One Financial Center Plaza, LLC 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 <u>one</u> 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 10 Weybosset Street, LLC OR 7b. INDIVIDUAL'S SURNAME: INDIVIDUAL'S FIRST PERSONAL NAME: INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S): SUFFIX:				
7c. MAILING ADDRESS: CITY: STATE: POSTAL CODE: COUNTRY: 100 Westminster Street Providence RI 02903 US				
8. COLLATERAL CHANGE Check only <u>one</u> box: ☐ ADD collateral ☐ DELETE collateral ☐ RESTATE covered collateral ☐ ASSIGN* collateral Indicate 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 or RECORD AUTHORIZING THIS AMENDMENT Provide only <u>one</u> 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 The Washington Trust Company OR 9b. INDIVIDUAL'S SURNAME: FIRST PERSONAL NAME: ADDITIONAL NAME(S)/INITIAL(S): SUFFIX:				
10. OPTIONAL FILER REFERENCE DATA Our File No. 2007-416				

Filed with the Rhode Island Secretary of State