

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141												
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com												
C. SEND ACKNOWLEDGMENT TO (Name and Address) 13700 - TD BANK <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071</div><div style="border: 1px solid black; padding: 5px;">File with: Secretary of State, RI</div></div><div style="width: 35%; text-align: center;"><div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">100438093</div><div style="border: 1px solid black; padding: 5px;">RIRI</div></div></div> <div style="text-align: center; font-weight: bold; margin-top: 5px;">SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</div>												
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY												
1a. INITIAL FINANCING STATEMENT FILE NUMBER 202226412690 2/24/2022 SS RI			1b. <input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS <small>File attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13</small>									
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement												
3. <input type="checkbox"/> ASSIGNMENT (full or partial) Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c, and name of Assignor in item 9 <small>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8</small>												
4. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> PARTY INFORMATION CHANGE <div style="display: flex; align-items: flex-start;"><div style="width: 30%;"><small>Check one of these two boxes</small> This Change affects <input checked="" type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record</div><div style="width: 70%;"><small>AND Check one of these three boxes to</small> <div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> CHANGE name and/or address Complete item 6a or 6b, and item 7a or 7b and item 7c</div><div><input type="checkbox"/> ADD name Complete item 7a or 7b and item 7c</div><div><input type="checkbox"/> DELETE name Give record name to be deleted in item 6a or 6b</div></div></div></div>												
6. CURRENT RECORD INFORMATION Complete for Party Information Change - provide only one name (6a or 6b)												
<div style="border: 1px solid black; padding: 2px;">6a. ORGANIZATION'S NAME: Aero Trampoline Park LLC</div>												
OR												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">6b. INDIVIDUAL'S SURNAME</td><td style="width: 20%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%;">SUFFIX</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					6b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
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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)												
<div style="border: 1px solid black; padding: 2px;">7a. ORGANIZATION'S NAME: Aero Trampoline Park Woonsocket LLC</div>												
OR												
<div style="border: 1px solid black; padding: 2px;">7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX</div>												
7c. MAILING ADDRESS												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">1500 Diamond Hill Road, 16B</td><td style="width: 20%;">Woonsocket</td><td style="width: 10%;">RI</td><td style="width: 15%;">02895</td><td style="width: 15%;">USA</td></tr></table>					1500 Diamond Hill Road, 16B	Woonsocket	RI	02895	USA			
1500 Diamond Hill Road, 16B	Woonsocket	RI	02895	USA								
8. COLLATERAL CHANGE Check only one box. <div style="display: flex; justify-content: space-between;"><div>Indicate collateral</div><div><input type="checkbox"/> ADD collateral <input type="checkbox"/> DELETE collateral <input type="checkbox"/> RESTATE covered collateral <input type="checkbox"/> ASSIGN* collateral</div></div> <small>*Check ASSIGN COLLATERAL only if the assignee's power to amend the record is limited to certain collateral and describe the collateral in Section 9</small>												
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) <small>If this is an Amendment authorized by a DEBTOR check here <input type="checkbox"/> and provide name of authorizing Debtor</small>												
<div style="border: 1px solid black; padding: 2px;">9a. ORGANIZATION'S NAME: TD Bank, National Association</div>												
OR												
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 40%;">9b. INDIVIDUAL'S SURNAME</td><td style="width: 20%;">FIRST PERSONAL NAME</td><td style="width: 20%;">ADDITIONAL NAME(S)/INITIAL(S)</td><td style="width: 20%;">SUFFIX</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>					9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
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10. OPTIONAL FILER REFERENCE DATA: Debtor Name: Aero Trampoline Park Woonsocket LLC 100438093 38916609003												

1995

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLLOW INSTRUCTIONS

11 INITIAL FINANCING STATEMENT FILE NUMBER Same as item 1a on Amendment form

202226412690 2/24/2022 SS RI

12 NAME OF PARTY AUTHORIZING THIS AMENDMENT Same as item 9 on Amendment form

12a ORGANIZATION'S NAME

TD Bank, National Association

OR

12b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13 Name of DEBTOR on related financing statement (Name of a current Debtor of record required for indexing purposes only in some filing offices - see Instruction item 13) Provide only one Debtor name (13a or 13b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name), see Instructions if name does not fit

13a ORGANIZATION'S NAME

Aero Trampoline Park LLC

OR

13b INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

14 ADDITIONAL SPACE FOR (CHECK ONE BOX)

☐

ITEM 8 (Collateral)

OR

☐

OTHER INFORMATION (Please Describe)

Debtor Name and Address:

Aero Trampoline Park Woonsocket LLC - 1500 Diamond Hill Road 16B, Woonsocket, RI 02895

Secured Party Name and Address:

TD Bank, National Association - 1701 Route 70 East, Cherry Hill, NJ 08034

15 THIS FINANCING STATEMENT AMENDMENT

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

16 Name and address of a RECORD OWNER of real estate described in item 17
(if Debtor does not have a record interest)

17 Description of real estate