

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

X21104318-9

**FILED
IOWA SECRETARY OF STATE**

2021-11-03 09:47

A. NAME & PHONE OF CONTACT AT FILER (optional) Lien Solutions 800-331-3282
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com
C. SEND ACKNOWLEDGEMENT TO: (Name and Address) Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

INITIAL FINANCING STATEMENT FILE NUMBER X18033545-6	<input type="checkbox"/> This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
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TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement.

ASSIGNMENT (full or partial): Provide name and address of Assignee and name of Assignor in sections below.

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:

Check one of these two boxes: This Change affects Debtor or Secured Party of record

AND Check one of these three boxes to:

CHANGE name and/or address: Give current record name, new name (if name change), and/or new address (if address change) in sections below. **ADD** name: Complete Name, and also Address section below. **DELETE** name: Give record name to be deleted in section below.

CHANGED OR ADDED INFORMATION: Complete for Assignment or Party information Change - provide only one name (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

OR	ORGANIZATION'S NAME Huntington Technology Finance, INC.			
	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 2285 Franklin Road		CITY Bloomfield Hills	STATE MI	POSTAL CODE 48302
				COUNTRY USA

COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:

NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (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

OR	ORGANIZATION'S NAME CORPORATION SERVICE COMPANY, AS REPRESENTATIVE			
	INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

OPTIONAL FILER REFERENCE DATA
IA-0-83255106-62501936

Use this space for additional information