

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS

**X21104317-2**

**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 P19000094-1	<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-0-83255105-62501935

Use this space for additional information