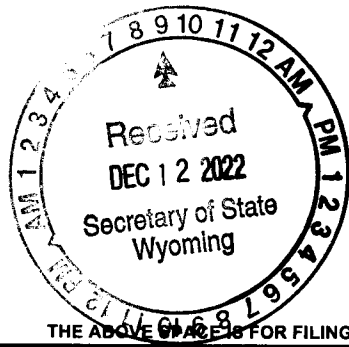


WY Secretary of State
FILED: 12/12/2022 09:41 AM
ID: 2022-22087322
AID: 2022-23378734

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) NEWPOINT CAPITAL LIMITED 8TH FLOOR, 17 BEVIS MARKS LONDON, EC3A 7LN, UK



1a. INITIAL FINANCING STATEMENT FILE NUMBER
2022-22087322

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 authorizing this Termination Statement

3. **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
For partial assignment, complete items 7 and 9 and also indicate 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: Debtor or Secured Party of record **AND** Check one 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 one name (6a or 6b)

6a. ORGANIZATION'S NAME GENERAL PROFESSIONAL INDEMNITY LTD, FOR AND ON BEHALF OF CELL NPSLA2018-02	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	OR		
7b. INDIVIDUAL'S SURNAME	INDIVIDUAL'S FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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8. **COLLATERAL CHANGE:** Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral
Indicate collateral:

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 NPFC SPV 1 Inc	OR		
9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA:**

**STATE OF WYOMING * SECRETARY OF STATE
BUSINESS DIVISION**

Herschler Bldg East, Ste.100 & 101 , Cheyenne, WY 82002-0020
Phone: 307-777-7311 | Email: UCC@wyo.gov

NEWPOINT CAPITAL LIMITED
8TH FLOOR 17 BEVIS MARKS
LONDON EC3A 7LN UK
UNITED KINGDOM

December 12, 2022

UCC3 Acknowledgment

AMENDMENT INFORMATION

Document #: 2022-23378734
Filing Date: 12/12/2022
Amendment Actions: Termination
Financing Statement Document #: 2022-22087322
First Debtor on Record: NPFC SPV 1 INC
Financing Statement Lapse Date: 06/16/2032

AUTHORIZING PARTY

Organization Name (Secured Party): GENERAL PROFESSIONAL INDEMNITY LTD, FOR AND ON
BEHALF OF CELL NPSLA2018-02

This acknowledges the filing of the attached document. If we may be of any further service to you, please contact us at the number noted above.



KARL ALLRED
Secretary of State
State of Wyoming

Enclosures: Original Documents