| WY Secretary of State      |
|----------------------------|
| FILED: 12/12/2022 09:40 AM |
| ID: 2022-21088626          |
| AID: 2022-23378633         |

# UCC FINANCING STATEMENT AMENDMENT

|   |   | _   |               |   |                    |  |  |
|---|---|---|---------------|---|--------------------|--|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)  |   |   |               |   |                    |  |  |
| B. E-MAIL CONTACT AT FILER (optional)   |   | 189101172                                     | <b>\</b>      |   |                    |  |  |
|   |   |   |               |   |                    |  |  |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)   | /   | -   | 5             |   |                    |  |  |
| l   |   | Received                                      | )ž            |   |                    |  |  |
| I NOVEA INC   | ľ,  | $1 - 12 \times 12$                            |               |   |                    |  |  |
| 1912 PIONEER AVENUE   | -   | toni of State                                 | N             |   |                    |  |  |
| #1913 CHEYENNE  | 1   | Secretary of State<br>Wyoming                 |               |   |                    |  |  |
| WY 82001, USA   | l`  | Nyom I  | (c, )         |   |                    |  |  |
|   |   |   |               | R FILING OFFICE USE C                   |                    |  |  |
| 1a. INITIAL FINANCING STATEMENT FILE NUMBER   |   | Ib. This FINANCINGS ATEN                      |               | NDMENT is to be filed [for r<br>RECORDS | ecord)             |  |  |
| 2022-21088626   |   | Filer: attach Amendment Add                   | andum (For    | m UCC3Ad) and provide Debtor            |                    |  |  |
| 2. TERMINATION: Effectiveness of the Financing Statement identified abore Statement   | ove is terminated w   | ith respect to the security interes           | t(s) of Sec   | cured Party authorizing this            | Termination        |  |  |
| 3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> name of Assignor in item 9<br>For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 |   |   |               |   |                    |  |  |
|   |   |   |               |   |                    |  |  |
| 4. CONTINUATION: Effectiveness of the Financing Statement identified a<br>continued for the additional period provided by applicable law  |   | to the security interest(s) of Secu           | red Party     | authorizing this Continuation           | n Statement is     |  |  |
| 5. PARTY INFORMATION CHANGE:  |   |   |               |   |                    |  |  |
|   | ne of these three bo<br>NGE name and/or a   |   | e: Comple     | te item DELETE name: 0                  | Sive record name   |  |  |
| This Change affects Debtor or Secured Party of record item  | 6a or 6b; and item 7  | a or 7b <u>and</u> item 7c7a or 7b, j         | and item 7    | to be deleted in ite                    | em 6a or 6b        |  |  |
| 6. CURRENT RECORD INFORMATION: Complete for Party Information Cha<br>6a. ORGANIZATION'S NAME  | inge - provide only g   | one name (6a or 6b)                           |               |   |                    |  |  |
| NOVEA INC   |   |   |               |   |                    |  |  |
| OR 66. INDIVIDUAL'S SURNAME   | FIRST PERSON  | AL NAME                                       | ADDITIO       | NAL NAME(S)/INITIAL(S)                  | SUFFIX             |  |  |
|   |   |   |               |   |                    |  |  |
| CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform   | nation Change - provide (   | niv one name (7a or 7b) (use exact full nar   | ne: do not or | nit. modify, or abbreviate any part of  | the Debtor's name) |  |  |
| 7a. ORGANIZATION'S NAME   | protection of the second se | <u>, , , , , , , , , , , , , , , , , , , </u> |               |   |                    |  |  |
|   |   |   |               |   |                    |  |  |
| OR 76. INDIVIDUAL'S SURNAME   |   |   |               |   |                    |  |  |
|   |   |   |               |   |                    |  |  |
| INDIVIDUAL'S FIRST PERSONAL NAME  |   |   |               |   |                    |  |  |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  |   |   |               | · · · · · · · · · · · · · · · · · · ·   | SUFFIX             |  |  |
| 7c. MAILING ADDRESS   | CITY  |   | STATE         | POSTAL CODE                             | COUNTRY            |  |  |
|   |   |   |               |   |                    |  |  |
| 8. COLLATERAL CHANGE: Also check one of these four boxes:   | DD collateral   | DELETE collateral                             | ESTATE c      | overed collateral                       | SSIGN collateral   |  |  |
| Indicate collateral:  |   |   |               |   |                    |  |  |
|   |   |   |               |   |                    |  |  |

9. NAME OF SECURED PARTY OF 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

NDEC SDV/ 1 Inc

| OR  | 96. INDIVIDUAL'S SURNAME       | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |  |  |  |  |
|-----|--------------------------------|---------------------|-------------------------------|--------|--|--|--|--|
|     |                                |                     |                               |        |  |  |  |  |
| 10. | OPTIONAL FILER REFERENCE DATA: |                     |                               |        |  |  |  |  |

UCC FINANCING STATEMENT AMENDMENT (Form UCC3) (Rev. 04/20/11)

## 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

NOVEA INC. 1912 PIONEER AVENUE # 1913 CHEYENNE, WY 82001

### December 12, 2022

### **UCC3 Acknowledgment**

#### **AMENDMENT INFORMATION**

Document #:2Filing Date:1Amendment Actions:TFinancing Statement Document #2First Debtor on Record:NFinancing Statement Lapse Date:0

2022-23378633 12/12/2022 Termination 2022-21088626 NEWPOINT FINANCIAL CORP 02/11/2032

#### **AUTHORIZING PARTY**

Organization Name (Secured Party): NOVEA INC

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

KARL ALLRED Secretary of State State of Wyoming

**Enclosures: Original Documents**