WY Secretary of State

FILED: 09/14/2022 12:53 PM

ID: 2022-22292326 AID: 2022-22708321

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)	\	
PERFUTURO INTERNATIONAL INSURANCE, INC 267 S. MARINE CORPS	3	
267 S. MARINE CORPS	.	
TAMUNING, GU 96913 GUAM	5/	
THE ABOVE SPACE IS	/ FOR FILING OFFICE USE ON	ILY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 1b.	MENDMENT is to be filed [for red	
2022-22292326 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's	
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Statement	Secured Party authorizing this Te	rmination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignee For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8	oor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Pacontinued for the additional period provided by applicable law	rty authorizing this Continuation	Statement is
5. PARTY INFORMATION CHANGE:		
Check one of these two boxes: AND Check one of these three boxes to: CHANGE name and/or address: Complete ADD name: Complete	plete item DELETE name: Gi	
This Change affects Debtor or Secured Party of record litem 6a or 6b; and item 7a or 7b and item 7c 7a or 7b, and item 6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)	7c to be deleted in item	n 6a or 6b
6a. ORGANIZATION'S NAME		
PERFUTURO INTERNATIONAL INSURANCE, INC		
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDIT	IONAL 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 no	t omit, modify, or abbreviate any part of the	e Debtor's name)
7a. ORGANIZATION'S NAME		
OR 75. INDIVIDUAL'S SURNAME		
70. INDIVIDUAL GUNNAME		
INDIVIDUAL'S FIRST PERSONAL NAME		
		SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
7c. MAILING ADDRESS CITY STAT	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTAT	E covered collateral AS	SIGN collateral
Indicate collateral:		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: Provide only one name (9a or 9b) (name of if this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor	Assignor, if this is an Assignment)
9a, ORGANIZATION'S NAME		
NPFC SPV 1 INC		Louisie
OR 95. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
	, ,	

STATE OF WYOMING * SECRETARY OF STATE EDWARD A. BUCHANAN BUSINESS DIVISION

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020

Phone: 307-777-7311 Email: UCC@wyo.gov

PERFUTURO INTERNATIONAL INSURANCE, INC

September 14, 2022

267 S MARINE CORPS TAMUNING, GU 96913 TAMUNING, GU 96913

UCC3 Acknowledgment

AMENDMENT INFORMATION

Document #:

2022-22708321

Filing Date:

09/14/2022

Amendment Actions:

Termination

Financing Statement Document #

2022-22292326

First Debtor on Record:

NPFC SPV 1 INC

Financing Statement Lapse Date:

07/14/2032

AUTHORIZING PARTY

Organization Name (Secured Party): PERFUTURO INTERNATIONAL INSURANCE, 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.

Edward A. Buchanan SECRETARY OF STATE

State of Wyoming

Enclosures: Original Documents