Skagit County Auditor, WA

ICC FINANCING STATEMENT AMEN	NDMENT				
, NAME & PHONE OF CONTACT AT FILER (optional) Hannah Baity (863) 328-6499		]			
. E-MAIL CONTACT AT FILER (optional)		1			
hannah.baity@agamerica.com					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
AGAMERICA LENDING					
4030 S PIPKIN ROAD	•				
LAKELAND, FL 33811					
		THE ABOVE SO	ACE IS EO	R FILING OFFICE USE	ONLY
INITIAL FINANCING STATEMENT FILE NUMBER	ŀ	b. This FINANCING STATE			
202306070038		(or recorded) in the REA	LESIAIE	RECORDS m UCC3Ad) <u>and</u> provide Debb	
TERMINATION: Effectiveness of the Financing Statement	identified above is terminated v				
ASSIGNMENT (full or partial): Provide name of Assignee For partial assignment, complete Items 7 and 9 and also Ind	in item 7a or 7b, <u>and</u> address of	Assignee in item 7c and name	of Assignor	in item 9	
CONTINUATION: Effectiveness of the Financing Statem	ent identified above with respect		cured Party	authorizing this Continuati	on Statemen
PARTY INFORMATION CHANGE:	AND Check one of these three bo	wee to			
ANOTA CITE OF CIOSO CHO DOXOS.	CHANGE name and/or a	ddress: CompleteADD na	me: Comple	te itemDELETE name:	Give record r
This Change affects Debtor or Secured Party of record  CURRENT RECORD INFORMATION: Complete for Party In	Item 6a or 6b; and Hem 7		o, <u>and</u> item 7	to be deleted in	llem 68 or 60
CURRENT RECORD INFORMATION: Complete for Party In 6a, ORGANIZATION'S NAME	nformation Change - provide only	one name (6a or 60)			
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