UCC FINANCING STATEMENT AMENDMEN	NT			
A. NAME & PHONE OF CONTACT AT FILER (optional)				
Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional)				
SPRFiling@cscinfo.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
110085696 - 347950			08050 1/1 \$31.00	
Corporation Service Company	•	Shelby Cnty	Judge of Probate, AL	
801 Adlai Stevenson Drive Springfield, IL 62703	l In: Alabama	01/08/2016 1	1:09:18 AM FILED/CERT	
	(Shelby)			
			CE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20110919000277340 09/19/2011		(or recorded) in the KEAL	MENT AMENDMENT is to be filed [fo . ESTATE RECORDS dendum (Form UCC3Ad) <u>and</u> provide Deb	
2. TERMINATION: Effectiveness of the Financing Statement identified ab	oove is terminated w	ith respect to the security intere	st(s) of Secured Party authorizing thi	s Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and also indicate affected			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	above with respect	to the security interest(s) of Sec	ured Party authorizing this Continuat	ion Statement is
5. PARTY INFORMATION CHANGE:				
Check one of these two boxes.	<u>one</u> of these three bo ANGE name and/or a		ne: Complete item DELETE name	Give record name
			ne: Complete item DELETE name and item 7c to be deleted in	item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Ch		one name (6a or 6b)	, , , , , , , , , , , , , , , , , , , 	
6b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	mation Change - provide (only <u>one</u> name (7a or 7b) (use exact, full na	ame; do not omit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 7b. INDIVIDUAL'S SURNAME	<u></u>	. <u> </u>		
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			-	SUFFIX
THE TOTAL SADETHORAL TAXINE (O) THE TAXE (O)				
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
o [7] COLLATERAL CHANCE, Attached and other continues.	DD sollatorel	Z ociete - line		4.001011
8. COLLATERAL CHANGE: Also check one of these four boxes: A Indicate collateral:	DD collateral	DELETE collateral	RESTATE covered collateral	ASSIGN collatera
Lot 40, according to the Survey of The Hills at Brook	khighland, as	recorded in Map Boo	ok 37, Page 105, in the R	Probate
Office of Shelby County, Alabama.				
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT: E	rovide only one name (9a or 9b) (name of Assignor, if this is an Assignor	ent\
If this is an Amendment authorized by a DEBTOR, check here 🔲 and provid	te name of authorizing		manne or masignor, ir una ia an Masignii	
9a. ORGANIZATION'S NAME ServisFirst Bank				
OR 9b. INDIVIDUAL'S SURNAME	FIRST PERSON	ALNAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		7 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	A PER TOTAL PARTICIO/HIVITIAE(3)	301717
10. OPTIONAL FILER REFERENCE DATA: Debtor: Brook Highlar			<u> </u>	

110085696