UCC FINANCING STATEMENT AMENDMENT	
FOLLOW INSTRUCTIONS	
A. NAME & PHONE OF CONTACT AT FILER (optional)	
Heather Sewell 205-668-0711	
B. E-MAIL CONTACT AT FILER (optional) heathers@centralstatebank.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Cenrtral State Bank P.O. Box 180	
Calera, AL 35040	20160129000023773 of Probate, AL
	Shelby Chty Judge 01 11.58. O1/29/2016 11:51:18 AM FILED/CERT
1a. INITIAL FINANCING STATEMENT FILE NUMBER	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record]
2011020900046270	(or recorded) in the REAL ESTATE RECORDS Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 1
2. TERMINATION: Effectiveness of the Financing Statement identified above is termin Statement	nated with respect to the security interest(s) of Secured Party authorizing this Termination
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address For partial assignment, complete items 7 and 9 and also indicate affected collateral in	
4. ONTINUATION: 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: AND Check one of these two boxes:	
	d item 7a or 7b and item 7c 7a or 7b, and item 7c to be deleted in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for Party Information Change - provide 6a. ORGANIZATION'S NAME	e only <u>one</u> name (6a or 6b)
	RENCE ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - p	provide only <u>one</u> 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	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	
	SUFFIX STATE POSTAL CODE COUNTRY
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 7c. MAILING ADDRESS CITY	STATE POSTAL CODE COUNTRY
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