UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS 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) 111650248 - 347950 Prepared By:

Shelby Cnty Judge of Probate, AL 02/15/2016 11:26:18 AM FILED/CERT

Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261	Filed In: Alabama (Shelby)		E IS FOR FILING OFFICE US	
1a. INITIAL FINANCING STATEMENT FILE NUMBER 20110708000198510 7/8/2011		1b. This FINANCING STATEMS (or recorded) in the REAL E Filer: <u>attach</u> Amendment Adde	ENT AMENDMENT is to be filed [1 ESTATE RECORDS andum (Form UCC3Ad) <u>and</u> provide De	
TERMINATION: Effectiveness of the Financing Statement Statement	tement identified above is terminated w	ith respect to the security interest	(s) of Secured Party authorizing t	his Termination
ASSIGNMENT (full or partial): Provide name of Ass For partial assignment, complete items 7 and 9 and al	_		Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by applications.		to the security interest(s) of Secur	red Party authorizing this Continu	ation Statement is
5. PARTY INFORMATION CHANGE: Check one of these two boxes: This Change affects Debtor or Secured Party of rec	AND Check one of these three both one of the both one		e: Complete item DELETE namend item 7c to be deleted	ne: Give record name in item 6a or 6b
6. CURRENT RECORD INFORMATION: Complete for F		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 A 7a. ORGANIZATION'S NAME	Assignment or Party Information Change - provide o	only one name (7a or 7b) (use exact, full nam	ie; do not omit, modify, or abbreviate any pa	art of the Debtor's name)
7b. 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 Indicate collateral:	four boxes: ADD collateral	DELETE collateral RE	ESTATE covered collateral	ASSIGN collatera

	NAME OF SECURED PARTY OF RECORD AUTHORIZED IN this is an Amendment authorized by a DEBTOR, check here	ZING THIS AMENDMENT: Provide only <u>one</u> name (9a o and provide name of authorizing Debtor	r 9b) (name of Assignor, if this is an Assignme	nt)
	9a. ORGANIZATION'S NAME Servis First Bank			
OR	9b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10. OPTIONAL FILER REFERENCE DATA: 13519-13524

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